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# General Assembly

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*Official Records*

**107**th plenary meeting

Wednesday, 11 June 2008, 6 p.m.

New York

*President:* Mr. Kerim ..... (The former Yugoslav Republic of Macedonia)

*In the absence of the President, Mr. Hannesson (Iceland), Vice-President, took the Chair.*

*The meeting was called to order at 6 p.m.*

**High-level meeting on a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS**

**Agenda item 44 (*continued*)**

**Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS**

**Report of the Secretary-General (A/62/780)**

**Note by the President of the General Assembly (A/62/CRP.1 and Corr.1)**

**The Acting President**: There are still 53 speakers inscribed on the list of speakers. In order to accommodate all the speakers for the high-level meeting, I would like to strongly appeal to speakers to limit their statements to five minutes.

I now give the floor to Mr. Howard Njoo, Director-General of the Public Health Agency of Canada.

**Mr. Njoo** (Canada): On this important occasion, where we are assessing the global progress we have made to meet our commitments under the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, we can be proud of a number of accomplishments. At the same time, we must also focus on the remaining challenges to be overcome.

Stopping this epidemic requires progress in all regions of the world, and Canada remains committed to fulfilling the promises made at the Group of Eight summits in St. Petersburg and Heiligendamm where we committed to significantly scaling up efforts towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010.

The uneven nature of global progress in reaching the international targets involving treatment, prevention, care and support and the disproportionate effect of HIV/AIDS on regions and on populations most vulnerable to infection are unacceptable. Real progress can only be made through increased and coordinated global action, including the integration of affected communities into the design and development of country responses. The value of local knowledge, lived experience and meaningful inclusion of people living with HIV/AIDS cannot be overemphasized.

At the international level, there has been support for greater involvement of non-governmental organizations in the HIV/AIDS response. Canada has been supportive of civil society engagement at the Economic and Social Council and in the Coordination Board of the Joint United Nations Programme on HIV/AIDS. We are pleased that civil society representation continues to be an integral part of this high-level meeting on AIDS, and, as we have done

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previously, Canada has included two members of Canadian AIDS service organizations in our delegation.

We are also pleased to see that the interactive hearing with civil society that President Kerim chaired focused on a number of groups of people who are either infected or most vulnerable to infection, including children and young people living with HIV, women and girls, sexual minorities, sex workers and people who use drugs. That kind of openness and engagement helps to highlight key populations disproportionately affected by the epidemic and in need of urgent attention and programming. Awareness of how those populations are dealing with HIV is vital to combating HIV/AIDS-related stigma and discrimination.

Vulnerability to HIV infection significantly increases when legal, social, cultural and economic factors make it difficult for women and girls to protect their own health and the health of their families. Canada believes that those considerations should be integrated into prevention, care, treatment and support interventions.

(*spoke in French*)

Future global action must include enhanced national leadership, scaled-up responses in hyperendemic countries, as well as focused responses for those populations with concentrated epidemics. We must scale up national responses in a way that guarantees their sustainability while at the same time ensuring that the global commitment and response to the HIV/AIDS epidemic continues. As we have seen in Canada, without a consistent response, there can be a resurgence of infections in at-risk populations where infection rates were previously stabilized.

As greater numbers of people are able to access antiretroviral drugs, part of our response will be to ensure that persons living with HIV/AIDS have the tools and support they need to live healthy full lives while ensuring that the transmission of HIV is prevented. "Prevention for positives" must become an increasingly important part of the global response.

Canada is particularly concerned about the impact of HIV/AIDS and HIV-tuberculosis co-infection on marginalized populations, including indigenous peoples. Indigenous peoples suffer higher rates of both tuberculosis and HIV infection, and Canada is proud to support the collaboration of the Assembly of First Nations and the World Health Organization on the Global Indigenous STOP TB Initiative. That initiative encourages international indigenous leadership, the exchange of information and knowledge, community-based action and increased global awareness.

Canada remains committed to the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, and to the development of a comprehensive, integrated and coordinated response to the HIV/AIDS epidemic. Through the provision of universal access to prevention, care, treatment and support, and through systematic respect for human rights and equality between men and women, the international community is capable of meeting our established targets and reversing the impact of HIV/AIDS.

**The Acting President**: I now give the floor to Mr. Gabriel Thimothé, Director-General of the Ministry of Public Health and Population of Haiti.

**Mr. Thimothé** (Haiti) (*spoke in French*): The Republic of Haiti is delighted to participate once again in this high-level meeting on HIV/AIDS, which aims to take stock of progress achieved by Governments of signatory countries of the Declaration of Commitment on HIV/AIDS of June 2001. Our country has understood the need to provide a coherent response to the problem of the HIV epidemic by making efforts to reduce its consequences. That response is intended to be multisectoral and inclusive and is buttressed by a political will that has survived ideological differences.

Notwithstanding the socio-political upheaval that my country has experienced over the last five years, Haiti has managed to consolidate tangible achievements in the fight against HIV/AIDS by maximizing the national endeavour and through international solidarity. Indeed, innovative approaches have been undertaken in order to control the epidemic and have made it possible to achieve significant results that warrant commendation.

The epidemiological profile has shown a steady decrease in the prevalence of HIV, which has dropped from 6.5 per cent in 1993 to 2.2 per cent in 2007, with a marked trend towards the female population, which calls for the formulation of more tailored strategies. The number of voluntary screening centres listed has increased to 127 from 27 in 2000. Last year, 317,324 individuals were tested for HIV, of whom 106,108 were pregnant women. There are 94 institutions that provide mother-to-child prevention services compared to three

before 2003. The number of sites providing antiretroviral drugs has also grown from two in 2003 to 47 last year. Thanks to the support of the Global Fund and the United States President's Emergency Plan for AIDS Relief (PEPFAR), 15,283 patients have been treated with antiretroviral drugs.

From the standard point of view, three national treatment protocols provide guidance for service providers with a view to better catering to adults and children exposed to or infected by HIV as well as to co-infected patients. Quality-control procedures have been put in place to assess the treatment of patients receiving antiretroviral drugs. This activity benefits in technical support from PEPFAR, as well as the Pan American Health Organization and the World Health Organization.

A partnership, based on solidarity between the public and private sectors, has facilitated the attainment of objectives that direct towards the national strategic plan, which is considered to be a benchmark for all our interventions, both in terms of prevention and on the assumption of responsibility. The involvement of civil society through organizations of women, young people, people living with HIV/AIDS, religious groups and journalist associations have given a tremendous boost to governmental action by bringing to play these various sectors.

Rigorous management of resources earmarked to the country have given rise to tangible efficiency and results, such as public awareness among vulnerable groups — including young people, migrant women, sex workers, men having sex with men — an increase in the prevalence of condoms and the creation of a national platform for people living with HIV. Furthermore, we should mention the emergence of support groups, a community care model developed in rural areas, as well as the drafting of legislation for civil and criminal responsibility when dealing with HIV. In the field of research, Haiti has been a test site since 2003 for clinical studies for tests of anti-HIV vaccines and has carried out a number of behavioural studies.

The success of the national HIV/AIDS control programme cannot overshadow the major challenges. Indeed, multisectorality is taking a long time to become a reality through the involvement of effective work in the sectoral ministries. The coordination of interventions remains a major concern for the Government, which is giving priority to synergy of action and streamlining of resources. A new dynamic is being developed, bringing into play the national anti-AIDS commission, the incorporation of tuberculosis/HIV programme, institutional strengthening and the decentralization of interventions, all to guarantee universal access and provide triple-therapy by 2010 for 30,000 patients. We are already seeing a greater involvement of individuals living with HIV in the area of planning, implementation of programmes and mobilization. That movement must be bolstered, since people living with HIV are essential players in the process. The national response is based on constant quest for consensus with the hope of involving all of society, because AIDS is, above all, a societal problem.

The Government of the Republic of Haiti avails itself of this opportunity to express thanks for the cooperation provided by the United States, France, Canada, the agencies of the United Nations system, the World Fund, PEPFAR and all of its partners for their support and it reasserts its commitment to continue the fight, which is part and parcel of our global development programme.

**The Acting President**: I now give the floor to Ms. Milena Stevanovich, National Coordinator of HIV/AIDS of the former Yugoslav Republic of Macedonia.

**Ms. Stevanovich** (the former Yugoslav Republic of Macedonia): It is my privilege and honour to address the General Assembly and to represent the Republic of Macedonia at this high-level meeting on HIV/AIDS. At the outset, I would like to express our gratitude to the Secretary-General for this timely opportunity to review the progress that has been made since the adoption of the Declaration of Commitment on HIV/AIDS in 2001, the Political Declaration on HIV/AIDS at the high-level meeting in 2006 and for his comprehensive report on the implementation of those two Declarations on such an important issue, which could endanger the future of our world. I would also thank the President of the General Assembly at its sixty-second session for convening the high-level meeting.

Since my country has aligned itself with the statement made by the Slovenian representative on behalf of the European Union (EU), allow me, in my national capacity to make some remarks which reflect the situation in my country.

The Republic of Macedonia is a country with a low prevalence of HIV. However, the fact that regional trends indicate continuous increase of HIV infection especially among most at-risk populations is rather worrying.

Health problems do not have borders — just like diseases, especially HIV. For this reason, our country's national response focuses on the prevention of HIV infection, aiming to prevent the HIV epidemic in a timely and efficient manner that always has a broader medical, social and economic impact at both the individual and community level. Regional and subregional aspects are always considered in our national activities.

As one of the countries that has signed the General Assembly's Declaration of Commitment on HIV/AIDS, the Republic of Macedonia undertakes the necessary steps to define strategic HIV priorities, implementing concrete activities, building sustainable systems and mobilizing financial resources according to their availability.

The HIV programme, supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, enabled our country to successfully implement the aims and activities defined by the strategy for the period 2003 to 2006.

Moreover, the programme contributed to the capacity-building of the governmental and non-governmental sector, including people living with HIV, for the planning and implementation of activities targeting HIV/AIDS prevention.

The experience gained during the implementation of the previous AIDS strategy, situation analysis, as well as the priorities defined through the national consultation process on universal access to prevention, treatment, care and support, are the basis for setting future priorities.

As an EU candidate country, our national response following the European Union recommendations is designed as a continuous process of well-defined measures and efforts by the Republic of Macedonia on both horizontal and vertical levels, not only as a short-term campaign. Therefore, the national strategy for HIV/AIDS prevention for the period 2007 to 2011 defines future directions for the overall response of our country to be fully committed to the achievement of the Millennium Development Goals, especially focusing on Goal 6.

The strategy promotes a broad public health approach, not only challenging aspects of health care, but also challenging social, cultural and educational aspects as well. My Government's approach of combating HIV/AIDS involves the prevention of an HIV epidemic and also the provision of appropriate treatment, care and support to people living with HIV/AIDS. Only through well-defined strategic priorities and their actual implementation following the "Three Ones" principles, did we create conditions for the successful prevention of HIV infection and the medical protection of populations.

If we consider that health is an investment in the overall economic growth and development, then the strategy of the Republic of Macedonia, with its cost-effective measures, contributes to building a health system focused on patient and citizen, with a well-defined public health direction. Everyone has a right to good health; thus society is responsible for the provision of an adequate HIV/AIDS treatment and prevention. I can, therefore, assure the Assembly that the Government of the Republic of Macedonia is firmly engaged in taking responsibility for a well-organized response to this challenge.

**The Acting President**: I now give the floor to Mr. Babatunde Osotimehin, Director-General of the National Agency for the Control of AIDS of Nigeria.

**Mr. Osotimehin** (Nigeria): At the outset, I wish to commend the President and the Secretary-General for giving the subject of HIV/AIDS the visibility it has within the General Assembly.

I also want to say that the Nigerian delegation wishes to align itself with the statements made on behalf of the Group of 77 and China and of the African Group. Furthermore, we also reaffirm the commitment of Nigeria to the African Common Position.

Nigeria considers the HIV/AIDS pandemic to be a major development challenge, and that has informed the decision of the Federal Government of Nigeria to host two successive African Union summits on HIV, in 2001 and 2006. The outcomes of those landmark events — the Abuja Declaration and Framework for Action for the Fight Against HIV/AIDS, Tuberculosis and Other Diseases of 2001 and the African Common Position of 2006 — continue to be the benchmarks of

national responses in Africa and indeed across the world. That was, of course, reaffirmed in 2006 by the Political Declaration and the acceptance of the principle of universal access.

Since the 2006 session of the General Assembly, Nigeria has continued to improve its policy environment considerably. Members may recall that, in 2005, Nigeria established a new strategic framework, which was put in place as our first multisectoral strategic plan expired in 2004. Given the federal nature of Nigeria, the federating States have also developed State strategic plans, which derive from the principles of the national strategy. Furthermore, the different sectors, including the health, education, youth and women's affairs sectors, have also established strategic plans that provide templates for implementing their various responses.

The lifespan of the strategic framework is five years and, at its midterm in 2007, it was reviewed. The outcome of the review has provided information for a two-year evidence-based national priority plan, which is currently being costed for implementation. Three outstanding features of note in the priority plan are the need to deepen our interventions in the prevention arena, re-strategize our behaviour change communication systems and provide greater care for orphans and vulnerable children. Thus, in the past year, we have evolved a national prevention plan, we are currently reviewing our behaviour change communication strategy in order to address the unique features of our national epidemic, and we are also strengthening our strategy and plans for orphans and vulnerable children.

In addition to those policy initiatives, and given the dynamics of the global response to HIV, during that same period we reviewed HIV counselling and testing, the prevention of mother-to-child transmission and treatment guidelines in Nigeria. That has all been achieved through a deliberate inclusion and the active participation of all stakeholder groups at the national level and in all 36 States and 774 local government areas of Nigeria.

We are glad to report that Nigeria has made considerable progress in seeking to achieve the principles of universal access and, ultimately, the Millennium Development Goals as they relate to HIV/AIDS. As of the end of the first quarter of 2008, we have provided access to prevention of mother-to-child transmission programmes in 250 sites across the nation, a major change from 2006 when there were only 50. The number of HIV counselling and testing sites has also substantially increased, to 813, and the current evidence we have shows that at least 3 million Nigerians have been counselled and tested. As of the end of 2007, 285 million condoms had been distributed, which represents an 11 per cent increase in condom distribution over the previous year.

With regard to our antiretroviral treatment programme, cumulatively 269,000 people living with HIV/AIDS have accessed treatment out of the estimated 500,000 who need treatment, which clearly represents more than 50 per cent. The different arms of Government indeed provide that access for free. As of 2005, we had 97 treatment sites; now we have 251. With regard to orphans and vulnerable children, we have been able to reach only about 10 per cent with support and care. That we regard as a challenge. However, given the attention that Governments at different levels in Nigeria and civil society are now giving to that aspect of our response, we expect that there will be a considerable increase in the next few years, which will ensure that the targets for universal access by 2010 are achieved.

All the efforts and results that have been articulated would not have been possible without the strong political will of our various levels of Government, which has been translated into increased public policy and domestic funding. Nigeria has adopted the principles of the "Three Ones", signed the Paris Declaration on Aid Effectiveness and has domesticated the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors. That enabling environment has provided the coordinating agencies, the National Agency for the Control of AIDS and State agencies and committees the necessary authority to provide ownership and leadership at all levels. Furthermore, it has facilitated the active participation of people living with HIV/AIDS, civil society organizations, the private sector and faith-based organizations, which have contributed immensely to the response.

Indeed, the greater involvement of people living with HIV/AIDS in programme formulation and implementation has significantly contributed to the reduction of stigmatization and discrimination in Nigeria. Today, there are more than 500 support groups for people living with HIV/AIDS. Since the last special

session of the General Assembly on HIV/AIDS, Nigeria has inaugurated a women's coalition against AIDS, which is decentralized to ensure the effective mobilization of women to access information and services. It is important at this juncture to acknowledge that the progress we have made so far in Nigeria would not have been possible without the contributions of those civil society organizations.

Our development partners have made major contributions to our efforts in fighting the epidemic in Nigeria. Those include our United Nations partners — particularly the Joint United Nations Programme on HIV and AIDS — the Global Fund and the British Department for International Development. A special mention should be made of the United States President's Emergency Plan for AIDS Relief because of its substantial contribution to our treatment programme.

Even though the aid architecture is favourable to HIV at this point, Nigeria has evolved an overseas development assistance policy that ultimately seeks to make domestic resources the core support for all our programmes, thus ensuring sustainability over time.

Nigeria has come a long way in its fight against HIV/AIDS. While we have made some modest progress towards the attainment of our international commitments, there are still a few challenges. Coordination and harmonization continue to present a challenge, which we are working to overcome. We recognize that the resources available for AIDS can be extended to strengthen health systems such that HIV/AIDS care and support can be further integrated into our health-care delivery system. In Nigeria, we have made the commitment to fight AIDS to the finish, as we say in our local parlance.

**The Acting President**: In order to accommodate all the speakers in the high-level meeting, I would again like to strongly appeal to speakers to limit their statements to five minutes. Longer texts, of course, can be distributed.

I now give the floor to Mr. David Kihumuro Apuuli, Director-General of the AIDS Commission of Uganda.

**Mr. Apuuli** (Uganda): The President of the Republic of Uganda sends his greetings, wishes the General Assembly fruitful deliberations and has requested that members accept his apology for not being able to be with them in New York.

However, his commitment to the global struggle against the AIDS pandemic remains unshakable. Members may recall that Uganda was the epicentre of the AIDS epidemic in the early 1990s and recorded the earliest evidence of a successful response when, by 2002-2003, the national prevalence had dropped from 18.6 per cent and 30 per cent in some sentinel sites to a national average of approximately 6.1 per cent.

The Secretary-General's report indicates that the world is at a crossroads. Despite a marked increase in resources over the past two years, the number of new infections continues to rise every year despite our success in providing antiretroviral treatment to more people, which saves many lives. For every two persons put on treatment, five people get infected.

There is one glaring lesson that must quickly sink in, and that is that we must all think outside the box. There is need to analyse the drivers of the epidemic country by country, and every country must know its epidemic so that appropriate strategies are put in place.

It is also important that we all move together beyond measuring our success by looking at prevalence trends to looking at incidence and rates of new infections, because we know that prevalence is not a good indicator of what is happening in countries. We applaud the work of the Joint United Nations Programme on HIV/AIDS in five East African and southern African States, including mine, in helping to quickly generate data from modelling studies on HIV/AIDS transmission.

The Uganda epidemic is an excellent example to help the world to understand the different stages of the AIDS epidemic. Each country is different. Today in Uganda, we have a second-generation epidemic, which is generalized. Studies show that the largest number of new infections is occurring in persons older than 30 years, largely driven by the behaviour of married couples. The report indicates that the majority of new infections do not occur among young people. To make matters worse, only 10 per cent of the people know their HIV status, and discordance is as high as 48 per cent. The end result is that prevalence has stagnated between 6 and 6.5 per cent with evidence of increasing new infections.

What is clear is that the message for our people must be that each person's first choice for remaining healthy is to not become infected and that antiretroviral treatment and other interventions are only the second choice.

There are studies indicating that there is a stabilization, or what we call normalization of the epidemic. People's perception of risk has greatly changed with the arrival of antiretrovirals. Results indicate that people are indulging in risky sexual behaviour in the belief that drugs are now available. Therefore, scaling up antiretroviral treatment requires careful and targeted appropriate messages. That is also true of any new prevention treatment technologies that we introduce, lest we lose the little success we have gained.

It is not sufficient to know one's epidemic if this knowledge is not going to determine how donor resources are applied. The various countries' strategic plans must be the basis for resource allocation. We must therefore move away from earmarking resources.

Uganda would like to sincerely thank the American Government for the United States President's Emergency Plan for AIDS Relief funding, as well as the Global Fund for AIDS, Tuberculosis and Malaria. We thank the United States Congress for passing the United States President's Emergency Plan for AIDS Relief reauthorization bill and ask the Senate to also ratify it as soon as possible.

The challenge we face to achieve universal access by 2010 in my country is that we require far more resources. That is also true of many other countries. It had been estimated that, in order to achieve the 80 per cent treatment target for people who need antiretrovirals in the next five years in Uganda, the country would need nearly $700 million. That is based on a T-cell or CD4 count of 200 for one to be eligible for treatment. Implementing the World Health Organization's recommendation of 350 CD4 count will require over $1 billion. That challenge underscores the sense of urgency to focus on prevention.

In his remarks, Mr. Fauci emphasized the absolute necessity to continue our quest to find an AIDS vaccine. The voices we hear that say that money should not be wasted on research for an AIDS vaccine are quickly forgetting history. Where would the world be if there had never been persistence and resoluteness to discover vaccines for smallpox and polio, among others? Uganda strongly urges the world to continue in the search for an AIDS vaccine.

My country stands ready to implement the recommendations of the General Assembly's special session on HIV/AIDS.

**The Acting President**: I now give the floor to the chairman of the delegation of the Syrian Arab Republic.

**Mr. Ja'afari** (Syrian Arab Republic) (*spoke in Arabic*): I would like to announce at the outset that my delegation associates itself with the statement of the G-77 and China.

Stemming the spread of AIDS is still an international, regional and local objective because of the danger that the disease poses to human society and its socio-economic development. The number of new HIV cases in 2007 exceeded 2.5 times those of 2006. That imposes a heavy burden on the peoples of the world.

It is likely that the consequences of the disease will only increase as the list of countries severely afflicted by it grows. It is difficult to predict with any degree of certainty how the epidemic will spread throughout the world if effective measures are not taken to raise awareness of the dangers of the virus, if people are not encouraged to change behaviours, and if effective means to prevent its spread, new treatments and medication or an effective vaccine are not found. Moreover, access to all of the aforementioned must be facilitated and the financial and human resources necessary to complete those tasks must be mobilized.

Despite the fact that cases of HIV/AIDS in Syria are limited, the State is making intensive efforts to combat the disease. The national plan to combat AIDS in Syria is based on the following foundations.

First, the National Committee to Combat AIDS is working to mobilize effective national efforts to combat the epidemic. The Committee is multisectoral, includes governmental and non-governmental bodies and is chaired by the Minister of Health.

Secondly, the State has adopted a preventive strategy with the purpose of stemming the spread of the disease. The strategy includes providing HIV/AIDS information and awareness programmes, with special focus on youth. It also offers counselling services and voluntary testing for HIV/AIDS throughout the

country, guaranteeing easy and free access to those services. It also guarantees confidentiality, privacy and credibility as well as freedom from discrimination and stigmatization. The plan also guarantees safe blood transfusions throughout the country and at all levels of health care. The national strategy is also implemented nationwide to prevent transmission from affected pregnant mother to child. Lastly, several studies and research projects into contagious diseases have been conducted to counteract high-risk elements, especially behavioural ones, and in order to formulate preventive strategies.

Thirdly, in 2006 and 2007, legislation and guidelines were formulated with respect to the prevention of diseases, including AIDS, in a manner that guarantees the rights of those affected by the disease. The new laws guarantee medical care, provide for psychiatric and social support, combat stigmatization, and ensure respect for the rights of patients in their daily lives, including protection in the workplace and in education.

Fourthly, the national plan to combat AIDS prioritizes the positive impact of religious and cultural beliefs, traditions and principles in society and the role that such assets can play in supporting efforts to combat the disease by encouraging safe practices and combating discrimination and stigmatization.

Fifthly, the national plan also gives special attention to protecting individuals who are at high risk because of their life situations, either as a result of travel or immigration, or because of their unsafe behavioural practices, such as using drugs intravenously or working in the commercial sex industry.

Lastly, Syria has adopted internationally agreed policies in combating AIDS. There is effective coordination between the national programme to combat AIDS, the bureaux of the relevant international organizations, and civil society agencies.

I can only express serious hope that donor and wealthy countries will support the Global Fund to Fight AIDS, Tuberculosis and Malaria, allowing it fully to meet its commitment to supporting national plans to combat AIDS, especially in developing countries. We also hope that serious efforts will be made to provide treatment and medicine and to facilitate affordable access to them for all States. Moreover, we ask that support and encouragement be given to scientific research institutions for work to develop a cure for or vaccination against that dangerous disease.

**The Acting President**: I now give the floor to Mr. Moustafa El-Nakib, Director of the National AIDS Programme of Lebanon.

**Mr. El-Nakib** (Lebanon) (*spoke in Arabic*): With its low rate of HIV prevalence, Lebanon, a part of the Middle East and North African region, is no different from its neighbouring countries. Our successive Governments have adopted a strict policy to curb the spread of HIV/AIDS ever since it was discovered. For instance, the Government of Lebanon has established a national AIDS control programme that has worked diligently to promote information and awareness about the disease and to educate different social classes and age subgroups about its prevention. Moreover, there is a special focus on reaching those with the highest-risk behaviour and socially marginalized groups. Lebanon was among the first States in the region to adopt a scientific approach to stemming the spread of HIV. It has worked to create a national strategic and action plan to implement its objectives with respect to HIV/AIDS. The Government has also allocated all available human and financial resources to that task, with the help of civil society, scientific institutions and international organizations.

The painful circumstances that Lebanon has been experiencing have been a great obstacle to achieving many of the objectives specified in the national strategic plan. Despite our various achievements in providing treatment to those affected by AIDS and services to their families in addition to the services we offer to high-risk and marginalized groups and the research and studies we have conducted, we in Lebanon still intend to undertake further planning and action in order to keep pace with the rapidly evolving developments in combating the disease internationally.

Lebanon signed the Declaration of Commitment on HIV/AIDS in June 2001. That was clear evidence of the commitment of Lebanon's Government and people to combating the spread of the disease. Therefore, in the name of the Lebanese Government and people, I beseech the international community to help Lebanon in its current crisis, especially with the heavy burden of its $40 billion national debt. Moreover, Lebanon's average per capita income disqualifies it from seeking help from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Recent events in Lebanon, both political or security-related, delivered an additional blow to the Government's efforts to curb the spread of the disease. However, the recent rapprochement among the various Lebanese factions is a good omen for the future of the country. Here, Lebanon's international friends have a role to play in helping it once again to rise from the ashes, as it has always done.

Lebanon relies on its national resolve to continue and to persevere. However, it requires the support of the international community to underwrite that resolve and to help it succeed in its fight against HIV/AIDS.

**The Acting President**: I now give the floor to Mr. Ali Yousef Al-Saif, Assistant Under-Secretary for Public Health of the Ministry of Health of the State of Kuwait.

**Mr. Al-Saif** (Kuwait) (*spoke in Arabic*): I am gratified to head the delegation of the State of Kuwait to this high-level meeting on the HIV/AIDS epidemic. It is also my pleasure to convey the greetings and best wishes of the Amir of the State of Kuwait, Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah, for the success of the work of this important meeting, which seeks to promote cooperation between States to limit the spread of the disease.

It is my pleasure also to express gratitude and appreciation to the Secretary-General and the Joint United Nations Programme on AIDS for their pioneering and decisive efforts in combating HIV/AIDS. The State of Kuwait supports the efforts of the relevant organizations to prevent the disease and reiterates its total adherence to the Declaration of Commitment on HIV/AIDS, adopted by the General Assembly in 2001, as well as to the Political Declaration on HIV/AIDS, which the General Assembly adopted in 2006.

Despite the low number of AIDS cases registered in the State of Kuwait, it has attached great importance at the highest level to combating the disease. In 1988, a national high-level committee was established for the prevention of HIV/AIDS, comprised of representatives of relevant ministries and non-governmental organizations. The committee has devised strategies and workplans for the prevention of HIV/AIDS.

In view of the danger that HIV/AIDS poses to general health, the Amir of the State of Kuwait issued legislation in 1992 aimed at stemming the disease and guaranteeing the rights of those stricken by it.

The State of Kuwait has also participated in the activities organized by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and provided training to all those working in this field so that they might participate in preventive programmes. Furthermore, specialized centres have been established to raise awareness and provide HIV/AIDS counselling and voluntary testing.

In terms of treatment, the State of Kuwait has provided HIV/AIDS patients, free of charge, with all the medication needed to treat the disease at all stages. Moreover, since 1985, the State of Kuwait has attached great importance to the safety of the blood supply and blood derivatives in the country. It has supplied the blood bank with state-of-the-art equipment to guarantee that the blood and its derivatives are safe and uncontaminated by HIV.

The State of Kuwait was among the first countries to hold conferences on that subject. Five international conferences on AIDS have been held in Kuwait. These conferences sought to acquaint the medical sector with the latest developments concerning the disease as well as with preventive measures. On the margins of the conferences, public seminars were held for people of all ages in order to raise awareness of this disease.

The World Health Organization (WHO) has approved the viral laboratory in the State of Kuwait as its reference laboratory in the Eastern Mediterranean region. Kuwait participates annually in World AIDS Day, organized by the WHO, with a view to raising awareness and increasing prevention. The State of Kuwait supported the United Nations initiative in establishing a Global Fund to Fight AIDS, Tuberculosis and Malaria and has made financial contributions to the Fund to combat the disease.

In closing, I would like to wish this meeting great success. It has provided us with an opportunity to seriously discuss not just the new developments but also the future challenges and the means to overcome them, especially since we are only two years away from the deadline for achieving universal access to HIV prevention, treatment, care and support by 2010. I hope that this meeting will deliver recommendations containing practical solutions that will effectively contribute to limiting the spread of the disease.

**The Acting President**: I now give the floor to the chairman of the delegation of Denmark.

**Mr. Staur** (Denmark): I welcome this opportunity to address the General Assembly and shall at the very outset align myself with the statement of Slovenia as President of the European Union.

The world is full of paradoxes. We all know that, but it is unbelievable here, eight years into the new millennium, that so many women around the world still have no rights to make decisions with respect to their own bodies. That paradox is central to our meeting today.

At least 76 per cent of young people between the ages of 15 and 24 living with HIV are women. Women represent 61 per cent of the HIV-infected adults in Africa, and infection levels among adolescent girls in Africa are several times higher than among boys. Even today, many women bear the heavy burden of not being able to give birth to children without transmitting HIV at the very same time.

One of the reasons for that situation is gender discrimination. Gender discrimination simply increases vulnerability to HIV/AIDS among women and girls. Social restrictions, lack of financial security, and lack of access to education and employment all limit women's opportunities and their ability to protect themselves against HIV/AIDS.

In many parts of the world, women do not have the right to question their partner's behaviour or to ask their husband to use a condom, even when he has several sex partners. Violence against women and girls also leads to increasing numbers of women being infected, and fear of violence makes it even more difficult for women to negotiate condom use. Today, less than 20 per cent of all sexually active young people use condoms, and by not doing so they risk their lives. Young women are three times more vulnerable to HIV infection than young men.

Challenging gender inequality and negative gender roles is absolutely critical in combating HIV/AIDS. In the 2001 United Nations Declaration of Commitment on HIV/AIDS, Denmark, together with other Governments, pledged to create multisectoral strategies to reduce the vulnerability of girls and women. That commitment is also reflected in the Danish strategy for gender equality and in our strategy to fight HIV/AIDS.

There is a strong linkage between HIV/AIDS and sexual and reproductive health and rights. We must work to ensure that HIV prevention is better integrated into reproductive health services and vice versa. We must maintain our full support for the search for new prevention options for women, and we must keep on challenging traditional norms and behaviour in order to provide protect women's sexual and reproductive health and rights. Reducing the stigma and the discrimination associated with HIV and targeted interventions for vulnerable groups like sex workers and drug users are essential to improve access to reproductive health services. Furthermore, better access to family planning services is essential to enable increased condom use and to enable a substantial reduction of mother-to-child transmission, which currently causes 1,500 new infections every single day.

Our collaboration with Mozambique clearly demonstrates a large-scale potential for preventing HIV transmission by way of information and the training of young people. Together with the United Nations Population Fund and our partners in Mozambique, Denmark is actively engaged in peer education of young people who are trained to provide advice to other young people on condom use, sexual and reproductive rights and abortion. The programme has now shown such potential for changing young peoples' sexual behaviour that it has been scaled up to cover all parts of Mozambique.

Strong political leadership and commitment are essential to move more rapidly towards our common goal of universal access by 2010. We should all stick to that goal. I am pleased to confirm that HIV/AIDS will remain a strategic priority for the Danish Government in the years to come. Denmark is fully committed to strengthening its efforts to fight the disease, with special focus on sub-Saharan Africa. Accordingly, we will fulfil our goal of doubling our assistance to HIV/AIDS efforts by 2010, and we will focus our contributions on reaching the internationally agreed HIV and AIDS targets through our bilateral development cooperation, as well as through our contribution to multilateral efforts, including the Global Fund.

This year, Denmark has taken the lead in a global call to action on gender equality and the economic empowerment of women. Our reasoning is that gender equality is key to accelerating progress on the other development goals, including the Millennium

Development Goal (MDG) on the fight against HIV/AIDS. As part of that global call to action, many leaders from Governments, the private sector and civil society have received a specific MDG campaign torch and have committed to do something extra to promote gender equality. I am also happy to announce that the Secretary-General has accepted to join in this effort and will receive the last torch at the United Nations high-level meeting on the Millennium Development Goals to be held here in New York on 25 September.

**The Acting President**: I now give the floor to the chairman of the delegation of Japan.

**Mr. Takasu** (Japan): A quarter of a century has passed since HIV/AIDS was recognized by the public as a social issue. Significant strides have been made since then. However, humanity is still confronting one of the deadliest diseases in history, which has taken more than 25 million lives throughout the world. For developing countries, tackling health issues, including such infectious diseases as HIV/AIDS, is one of the major challenges of development as a whole.

Large amounts of financial resources, both public and private, have been mobilized for tackling HIV/AIDS. However, in order to achieve universal access to prevention programmes, treatment, care and support by 2010, and also to achieve the related Millennium Development Goals (MDGs) by 2015, it is crucial to scale up, strengthen and implement efficient interventions and to increase the positive impact of support programmes. From that point of view, we highly appreciate the efforts made by the Joint United Nations Programme on HIV/AIDS to achieve universal access for those suffering from HIV/AIDS.

Japan will continue to cope with global health issues from the human security perspective, which is a human-centred and integrated approach. Furthermore, as emphasized at the HIV-Tuberculosis Global Leaders' Forum held the day before yesterday, we should not overlook the spread of HIV-tuberculosis co-infection. An integrated approach is essential. Japan will work with developing countries by making use of its own experience of having overcome high tuberculosis rates in its post-war history.

At the G-8 Okinawa summit in 2000, Japan took up, for the first time in the G-8's history, the issue of HIV/AIDS and other infectious diseases as a priority, and initiated a global action plan. From that, many things were born. The G-8 leaders have set numerical targets and launched the Global Fund to Fight AIDS, Tuberculosis and Malaria. That has driven the international community to new heights in its campaign against HIV/AIDS.

The MDGs and the United Nations 2001 Declaration of Commitment on HIV/AIDS set an important target in that fight. To meet those challenges, we must mobilize more support and resources through multilateral and bilateral channels. Japan has extended strong support, amounting to $850 million so far, to the activities of the Global Fund in view of its important contribution, particularly a participatory approach and a promising future. On 23 May, Prime Minister Fukuda pledged an additional contribution to the Global Fund, totalling $560 million.

In developing countries, an increasing number of international aid agencies, civil society organizations and private sector partners have been involved in the health sector. It is therefore important for all health-related stakeholders to coordinate better in order to avoid duplication and to achieve maximum results.

Equally important is the strengthening of health systems and community health care. Actions targeted to specific infectious diseases cannot be implemented effectively without first improving health systems. Fragile health systems are one of the biggest obstacles to combating infectious diseases in developing countries. In that regard, Japan thanks the World Bank and the Global Fund for their efforts in strengthening the health systems in many developing countries.

Last month, the Fourth Tokyo International Conference on African Development (TICAD IV) reaffirmed the importance of strong commitment by national leaders and of sustained partnerships in the fight against infectious diseases. TICAD IV particularly stressed the importance of strengthening health systems and improving maternal, newborn and child health by addressing the capacity-building of health workers and the brain-drain of skilled health workers from developing countries.

Specifically, the TICAD Action Plan agreed that we should strive to promote training and the retention of health workers in order to contribute to achieving the World Health Organization goal of at least 2.3 health workers per 1,000 people in Africa. To that end, Japan, in collaboration with the Japan International Cooperation Agency, commits itself to providing

training for 100,000 health and medical workers, including skilled birth attendants, in African countries.

The outcome of TICAD IV will be fully taken into account in the high priority discussion of health issues at the G-8 Hokkaido Toyako Summit in three weeks' time. We hope our political leaders reaffirm the comprehensive and balanced approach that promotes both the strengthening of health systems and the introduction of specific methods for controlling HIV/AIDS.

**The Acting President**: I now give the floor to the representative of Luxembourg.

**Mr. Olinger** (Luxembourg) (*spoke in French*): First of all, I should like to endorse the statement made by the representative of Slovenia on behalf of the European Union.

Regarding the scourge of HIV/AIDS, the subject of today's meeting, I should like to emphasize the particular importance Luxembourg attaches to prevention, the strengthening of health systems and to equal access to basic care for all, as well as to the commitments made in 2001 and 2006 by all States on national and international resources to fight HIV/AIDS.

Luxembourg would like to thank the Secretary-General in particular for the recommendation made in the report prepared for this occasion (A/62/780), especially concerning the important role to be played by national political leaders with regard to the viability and durability of national and international action, as well as the action to ensure gender equality in the context of combating HIV/AIDS. My country is of the view that the United Nations has the prime role to play in coordinating, strengthening and monitoring the fight against HIV/AIDS, particularly through the Joint United Nations Programme on HIV/AIDS (UNAIDS).

Health and education are priorities for Luxembourg. In 2007, official development assistance (ODA) in Luxembourg accounted for 0.92 per cent of its gross national income, nearly 20 per cent of which was committed to health and almost 15 per cent to education. A large proportion of those resources were devoted to projects and programmes directly targeting the fight against HIV/AIDS and its co-infections, the strengthening of health systems and capacity-building, research and the development of treatment, particularly antiretroviral treatment for children, as well as activities to raise awareness and education on no-risk behaviour. Luxembourg's main international partners in that area are the World Health Organization, UNAIDS, the United Nations Population Fund and UNICEF, as well as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

With a view to establishing a joint resolute, flexible and long-term action, in 2007, Luxembourg undertook to devote some €5 million to the initiative AIDS 2031, launched by UNAIDS, to develop a strategy to fight HIV/AIDS up to 2031, the year that marks the fiftieth anniversary of the epidemic.

We welcome the fact that the international debate is again attracting the attention of decision makers worldwide regarding the urgency of implementing the Millennium Development Goals (MDGs). It is true that combating HIV/AIDS is foremost part of the realization of Goal 6 of the MDGs, but also has a direct link with the implementation of all the MDGs, including Goal 4 on reducing child mortality and Goal 5 on improving maternal health.

In that context, I should like to emphasize the fact that the theme of the high-level segment of the Economic and Social Council's 2009 session under the presidency of Luxembourg will be devoted to implementing the health-related MDGs. Moreover, at the European Union's initiative, the World Health Assembly has also specifically dealt with the implementation of the health-related MDGs.

The spread of the HIV/AIDS epidemic is a worldwide concern. Every day, millions of people in each of the countries represented here are affected by HIV/AIDS. Luxembourg has a low rate of incidence, but nonetheless the number of infections has doubled since 1990. In Luxembourg, the HIV/AIDS infection is above all transmitted sexually, almost equally among homosexuals, bisexuals and heterosexuals. Depending on the year, between 5 and 15 per cent of new infections is through drug injections. Luxembourg implements a risk-reduction programme with substitution medication and syringe- and needle-exchange programmes, including in prisons. Also, there is voluntary screening, and testing which require informed consent and which are confidential and accompanied by counselling. No test can be demanded upon employment or in the work situation. No HIV test can be requested as part of immigration formalities. There are no travel restrictions on persons who are

infected with HIV/AIDS. Access to treatment is easy and encouraged, irrespective of nationality, and is fully covered by social security.

Luxembourg believes that HIV/AIDS will be with us for many years and that we must establish and urgently strengthen throughout the world structures that allow for effective action. There are three main global challenges in the years to come. First is access to both prevention and treatment services on an equal and fair basis for men and women, sexual minorities, intravenous drug users, sex workers and prisoners. Second is the quality of services offered — integrated services that are not separate for HIV, and the co-infections of tuberculosis, hepatitis C and hepatitis B, services that offer risk reduction for drug users and clear separation in public health and preventive measures. Third is strong political leadership combined with cooperation at all levels with civil society, non-governmental organizations and, above all, those living with HIV/AIDS.

We need courage, lucidity and determination in meeting those challenges to consolidate the progress that we have made in recent years. We must show continued determination because the lives of millions of people depend on it.

**The Acting President**: I now give the floor to the chairman of the delegation of the Libyan Arab Jamahiriya.

**Mr. Alakhder** (Libyan Arab Jamahiriya) (*spoke in Arabic*): At the outset, we would like to extend our gratitude to President Kerim for his initiative in holding this important meeting. We also would like to thank the Secretary-General for his report (A/62/780), which include important recommendations and conclusions to help us evaluate the progress achieved in the efforts to combat the HIV/AIDS epidemic.

This high-level meeting gives us the opportunity at the international level to review and assess the changes that have taken place since this horrible epidemic was first discovered in the early 1980s, and which now claims over 5 million lives worldwide each year.

The Libyan Arab Jamahiriya was one of the first States to support international efforts to combat the epidemic. In implementing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, we have undertaken several activities. In 1992, the Algaddafi International Prize for Human Rights was awarded to the African Centre for Combating AIDS, which was inaugurated in 1993. My country also established the National Committee to Combat HIV/AIDS, which actively endeavours to raise awareness throughout society, using various media, in order to help combat AIDS. We also have a Healthcare Planning Commission, which has undertaken several activities and measures to prevent the spread of the epidemic and protect society. Among its activities was the establishment of 10 specialized clinics and four hospices for patients who require continuous support and care. We also established a special advisory committee to combat HIV/AIDS and we support the Tajura Centre, which specializes in the treatment of drug addiction. My country has also hosted numerous foreign experts in order to benefit from their expertise in that area. We also maintain blood banks and support them in their provision of all forms of tests and analyses related to the epidemic.

The report of the Secretary-General points to tremendous progress in the fight against the epidemic. There is, however, considerable divergence in that progress. The scale of the spread of the epidemic often exceeds the scale of the services provided. We therefore emphasize the recommendations contained in the report of the Secretary-General because they are crucial in helping to overcome the failures and shortcomings that could occur in the elaboration of national policies and programmes to combat the epidemic.

In conclusion, we call upon the international community to mobilize human and material resources to combat the dangerous epidemics of AIDS, malaria and tuberculosis. We call for concerted international efforts to combat the epidemic, which is truly the scourge of the age. That will be possible only by raising health and educational awareness and strengthening religious morality, which can control sexual conduct, which should take place only in the context of a marriage between a man and a woman, with no deviation that contradicts human nature as created by God.

**The Acting President**: I now give the floor to the representative of the Philippines.

**Ms. Banzon-Abalos** (Philippines): It is an honour to engage in this debate on the assessment of global progress in curbing the HIV/AIDS pandemic. I

would like to thank the Secretariat for preparing the background report that gives us a picture of the global HIV/AIDS situation and outlines a number of important key recommendations that we should consider.

We used to think that the HIV/AIDS situation in the Philippines was always "low and slow". While the overall number of HIV-infected persons in the country remains below 0.1 per cent of the population, half of those cases were detected only in the past seven years. That hidden and growing situation is reason not to be complacent in our efforts. Moreover, because HIV/AIDS affects Filipinos during the peak of their economically productive years, HIV/AIDS is not just a health concern; it is a development concern. Therefore, the cornerstone of the country's efforts on HIV/AIDS remains the prevention of its further spread and acting ahead of the epidemic. Our efforts are anchored in our national law on HIV/AIDS, the Philippine AIDS Prevention and Control Act of 1998, to which amendments are currently being considered to make it more responsive to the evolving dynamics of the disease.

The "Three Ones" are also in place in the country. With the Philippine National AIDS Council as the coordination hub, we have developed medium-term plans, including a costed operational plan, to determine where resources could have the greatest impact and what strategies and interventions must be prioritized. The Secretary-General's report once again highlights that, despite the impressive resources mobilized, the gap between resources and actual needs continues to increase annually. We therefore call for enhanced resources and for those resources to be targeted at the high-impact areas that serve the needs of concerned countries.

At the national level, the Philippine Government has developed guidelines, standards and protocols for HIV case reporting; voluntary counselling and testing; treatment, including the provision of antiretroviral drugs; and care and support. We have also strengthened the capacities of health-care providers and created HIV/AIDS core teams made up of medical specialists and social workers in government hospitals, in partnership with non-governmental organizations.

Through our Department of Labour, we have developed a national workplace policy that gives guidance on how to deal with HIV/AIDS in the workplace. Moreover, in order to sensitize our embassies and consulates on HIV/AIDS issues, we have integrated HIV/AIDS and migration in the training of our foreign service personnel.

The effort to fight HIV/AIDS can be successful only if it closely involves the communities and groups that are most at risk. Because of our decentralized system of governance, our local Government units are charged with integrating HIV/AIDS into their local health systems. A growing number of local government units have institutionalized HIV/AIDS and programmes to prevent and control sexually transmitted diseases in their local development plans and matched them with the corresponding budgets. Furthermore, through community-based approaches — which include information dissemination, health services and even behaviour-change strategies — we are able to reach out to people strategically and to target vulnerable groups.

Influencing local leaders is by no means an easy task. We therefore highlight good practices for them to emulate. For example, we have publicly featured the impressive work on HIV/AIDS of such model cities as Laoag City, which is north of the capital of Manila, and Zamboanga City, to the South, to inspire other cities to do the same. In addition, despite the negative perception of harm reduction programmes, we have managed to use those programmes as examples of how to involve and empower persons at the greatest risk, such as injecting drug users and men who have sex with men.

Indeed, systematic monitoring and evaluation are key to knowing the epidemic and knowing what steps to take to avert its spread. The establishment of a monitoring and evaluation system in the Philippines is a continuing multi-stakeholder effort that requires the partnership of national and local Governments, as well as civil society. In establishing it, we have identified critical issues, such as the need to develop better data collection and compatibility, the importance of having the right technologies and capacities for documentation and monitoring and the need to improve communication lines with stakeholders, including government and civil society actors.

We have only two years to go before the target date set for achieving universal access. We are also already halfway towards the target date set for the achievement of the Millennium Development Goals.

Can we still make it? The people working on the ground against HIV/AIDS are clamouring for real political leadership. Even at this date, not all leaders are aware of the seriousness of the issue. Therefore, while we have the words and the plans, more often than not we do not have the corresponding implementation. We also do not have the corresponding resources.

If our plans are to have a real impact on the disease, we need to sustain our actions and resources. Can we intensify cooperation among Governments and with international organizations and non-governmental organizations to generate more resources and share our knowledge, capacities and technologies? HIV/AIDS finds a conducive breeding ground in environments of poverty, ignorance, discrimination, social marginalization and gender inequality. That means that if we are to stamp out HIV/AIDS in the long term, it will require grounding our response in a broader development and human rights framework.

**The Acting President**: I now give the floor to the chairperson of the delegation of Rwanda.

**Ms. Binagwaho** (Rwanda) (*spoke in French*): It is an honour and privilege for me to represent my country at this high-level meeting on AIDS, which brings together representatives from throughout the world to evaluate progress made in the implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

Let us recall that, seven years ago, heads of State meeting in Nigeria, recognizing the destruction that the pandemic was having on the economies and social fabric of the African continent, made a solemn commitment to devote all their efforts to combating the pandemic. That meeting also produced the Abuja Declaration and Framework for Action for the Fight against HIV/AIDS, Tuberculosis and Other Diseases. A few months later, the 2001 Declaration of Commitment on HIV/AIDS was adopted in this very Hall by more than 150 heads of State or their representatives. Those two events clearly made HIV/AIDS one of the world's top priorities. By recognizing the human rights dimension of HIV infection, they made the world aware of the need for equitable access to prevention, care and treatment of the infection for everyone, regardless of whom they were or where they lived.

The progress made by Rwanda is in line with the commitments made in the 2001 Declaration on combating HIV/AIDS. I should like to remind the General Assembly that we lost more than 1 million people during the 1994 genocide — 1 million lives lost in over four months, that is, 10,000 lives daily for 100 days. Rwanda therefore cannot and will not, for any reason, allow more lives to be lost. Combating HIV/AIDS is thus a national priority, as are efforts to counter anything that undermines the health and development of our people. I should like to inform the Assembly about what we achieved between 2005 and 2007.

Currently in Rwanda, we have succeeded in maintaining the HIV prevalence rate at 3 per cent. We have also been able to ensure that 50 per cent of pregnant women throughout our country can benefit from our programme to reduce the incidence of mother-to-child transmission of the virus. We have also been able to increase access to antiretroviral treatment to more than 70 per cent of all those who need it, including 62 per cent of children who need it. More important, in order to ensure success in the efforts to combat HIV/AIDS in Rwanda, national leaders are continuing to work closely with civil society to establish for all stakeholders an environment of synergetic cooperation, including with our development partners.

We have achieved those results because we have, from the very beginning, addressed HIV infection as a development problem and, in particular, as a small part of post-genocide national reconstruction based on human rights, fairness, reconciliation and the resolute desire to help our communities to overcome ignorance and poverty, which are at the root of all socio-political problems.

Despite those successes, however, we must remain vigilant, for although the HIV prevalence rate is at 3 per cent in the over-15 age group, there is nevertheless great risk of new infections. Let us recall that, in countries with a 30 per cent prevalence rate, the figure once stood at 3 per cent before it spiked. We should also bear in mind that, while 70 per cent of people needing antiretrovirals receive them, another 30 per cent die in the hills, towns and cities of Rwanda because they have no access. Although 50 per cent of pregnant women have access to prevention of mother-to-child transmission services — a significant percentage for a developing country — another 50 per cent do not, and are therefore potential sources of new infections.

I could continue to give facts and figures that show results that we can be proud of. Certainly, those figures show above all that as long as there is room for further infection and deaths continue to occur as a result of HIV/AIDS, we still have much work to do and have not yet prevailed. This year's high-level meeting on HIV/AIDS gives pride of place to universal access to prevention, care and treatment. For Rwanda, that theme has deep meaning, since until there are no new infections and no one dies of HIV/AIDS, we shall continue our struggle.

To that end, prevention cannot be separated from treatment because, in order to provide all those in need with antiretroviral treatment, it is above all necessary to put a permanent end to any new infection. We must therefore continue to fight HIV/AIDS tirelessly and henceforth redouble our efforts because otherwise people living with HIV/AIDS will continue to die, simply because the millions throughout the world and the thousands in Rwanda who are asymptomatic HIV-positive will require further treatment and drugs within eight years on average.

In our strategy for success, we must enhance the multisectoral approach, which we have achieved in Rwanda by incorporating the fight against HIV/AIDS into the new strategies for economic development and poverty reduction. The justice, health, agriculture and all other sectors are equally involved, but the challenge now is to involve them in development plans in a decentralized manner throughout all the districts of the country so that the fight against HIV/AIDS becomes genuinely part and parcel of sustainable development. In order to succeed, we must also enhance knowledge of our environment and take targeted action to identify where further infection may arise and develop strategies to combat infection effectively.

I cannot conclude without recalling that 25 years after the discovery of the HIV virus, we must continue to fight it tirelessly and to mobilize national and international solidarity. In recent years, the fight against HIV/AIDS has received billions of dollars. Some have challenged the exceptional approach taken against the disease and its effects, but as our President, Mr. Paul Kagame, frequently says:

> "The importance lies not in the exceptional nature of combating AIDS, but rather in how funding is used to combat it. It must be transparent and very rigorous, and must serve to combat the real causes of the perpetuation of the pandemic — the problems of development. That is why we must cease to treat this chronic disease as an emergency, but must see it as part of sustainable development."

That is why we must fight this disease and appeal to and convince those who reject exceptionality that support must be incorporated into health infrastructures, the training of staff, formal education, the fight against poverty and family planning — in every serious challenge we face that promotes the pandemic. That is particularly important in Africa, the continent most affected by HIV/AIDS and the least equipped to fight it.

**The Acting President**: I now call on the chairman of the delegation of Bosnia and Herzegovina.

**Mr. Prica** (Bosnia and Herzegovina): I have the honour to address the General Assembly today and briefly report on the progress achieved in combating HIV/AIDS in Bosnia and Herzegovina.

Bosnia and Herzegovina has a relatively low risk of HIV/AIDS, like other countries of the Western Balkans, where prevalence does not exceed 5 per cent in any of the designated vulnerable groups. The very first HIV-positive person was registered in my country in 1986. Since then, a total of 147 HIV-positive cases have been detected, among which 86 persons have developed symptoms of the disease.

Other than in identified vulnerable groups, such as intravenous drug users and commercial sex workers, among others, heterosexual transmission of HIV is the dominant form both in Bosnia and Herzegovina and in the region as a whole. It should be emphasized that the percentage of infected women in particular is on the rise. By analysing the forms of transmission, we have concluded that the majority of cases occur among heterosexuals at 55 per cent; 17 per cent of cases are found among men having sex with men, 14 per cent among intravenous drug users, 1 per cent through mother-to-child transmission, and 13 per cent are unknown.

Despite the low prevalence, the current social, economic and political transition makes the whole population particularly vulnerable to HIV infection; thus, the number of new cases in the country is growing. Furthermore, the devastating effects of the 1992-1995 war in Bosnia still contribute to increased

vulnerability, particularly in terms of migration and of gaps in the health, social and education systems due to their extreme fragmentation, and so on.

Activities to combat HIV/AIDS in Bosnia and Herzegovina were intensified in 2001 with a stronger Government commitment towards fulfilling obligations set out by various international documents and declarations, as well as an active response in Bosnia and Herzegovina on the part of international organizations and a establishment of the United Nations thematic group on HIV/AIDS.

The National Advisory Board to Combat HIV/AIDS in Bosnia, established in 2000, is playing an increasingly important role in raising social awareness, as well as in developing strategic documents and policies. The Bosnia and Herzegovina strategy to prevent and combat HIV/AIDS for the period 2004-2009 is almost ready for review. It takes into account all identified gaps and the new global and local trends in the prevention, treatment and care of HIV/AIDS.

The National Advisory Board declared 2006 as the year of the fight against stigmatization and discrimination, with various national and local events targeted at the health, social and educational sectors and at further strengthening action involving the media and the workplace, for instance.

Although Bosnia and Herzegovina is a low- to middle-income country, largely due to the post-war recovery and transition it secures a substantial amount of resources for the prevention and treatment of HIV/AIDS. Antiretroviral therapy is available free of charge to all in need and voluntary HIV testing is in place. The Government of Bosnia and Herzegovina is working on taking greater responsibility in fighting HIV/AIDS.

In 2005, the Global Fund approved a programme proposed by Bosnia and Herzegovina to fight HIV/AIDS. The first Global Fund grant, for the period 2007-2012, allows Bosnia and Herzegovina particularly to scale up prevention interventions among young people and vulnerable groups; the establishment and operationalization of 13 additional community-based youth-friendly information and education centres across the country, with the provision of treatment for sexually transmitted infections and other health services; condom distribution; and voluntary counselling and testing referral.

Injecting drug users are reached in two ways through a needle-exchange programme conducted on site through outreach workers and gatekeepers, and via activities, both within drop-in centres and in the field, offering information-sharing and education for the target population regarding HIV/AIDS. Hence, there is promotion of testing for HIV, distribution of condoms, distribution of printed educational material, and the referral of beneficiaries to relevant institutions and organizations, depending on their needs. Modules for outreach work with men who have sex with men and for injecting drug users have been worked out, while those for sex workers and prisoners are in the process of being developed.

Twelve voluntary counselling testing centres in Bosnia and Herzegovina have performed pre-test and post-test counselling and HIV testing, the purpose of which is to increase testing capacities and the quality of services, as well as to detect new cases. The staff of non-governmental organizations, volunteers and community volunteers have been continuously trained in harm-reduction methods through ongoing training for work with those who are hard to reach and are vulnerable.

With our new programme proposal for the period 2009-2014, our aim is to ensure further support from the Global Fund and, at the same time, to enhance our own activities and resources to provide continued support for Bosnia and Herzegovina's health sector, to develop the necessary legislation, to continue public education through a targeted media campaign to reduce stigmatization of populations at high risk of HIV infection, and to ensure greater active involvement and contributions by all stakeholders in achieving all the goals of Bosnia and Herzegovina's HIV strategy.

Let me conclude by assuring the General Assembly that Bosnia and Herzegovina, as a country on its way towards full membership in the European Union, is fully committed to scaling up and ensuring universal access to HIV/AIDS prevention and care.

**The Acting President**: I now give the floor to the chairperson of the delegation of the Islamic Republic of Iran.

**Mr. Khazaee** (Islamic Republic of Iran): In order to observe the time limit, I shall try to be very brief. The full text of my statement is now being distributed.

HIV/AIDS has become a social, economic and psychological dilemma that affects all aspects of human life and poses the most important threat to human health. Due to its extent and manner of transmission, its fatal outcomes and the long period during which no symptoms manifest themselves, it constitutes one of the top health priorities throughout the whole world.

We are deeply concerned about HIV/AIDS in our region. Although the Eastern Mediterranean remains the least affected region, there are indications that the infection is spreading, especially among such high-risk groups as injecting drug users.

The dual epidemics of tuberculosis and AIDS form a deadly partnership, one reinforcing the other. Together they have become the most serious threat to public health, especially in the poorest countries of the world. That is particularly alarming, as one third of the 42 million people living with HIV/AIDS are also infected with mycobacterium tuberculosis.

The existing gap between those who need antiretroviral therapy and those who have access to it is shocking. The gap is much wider in sub-Saharan Africa and the low-income countries of Asia, which together contain 89 per cent of the world's HIV/AIDS cases and less than 10 per cent of the world's resources.

The extremely serious trend in the emergence of drug-resistant tuberculosis bacteria is another area of concern.

The most practical way to deal with the dual epidemic is to adopt a dual strategy in which there is equal commitment to preventing both tuberculosis and AIDS, and close coordination and collaboration between the respective programmes. That calls for a high level of political commitment, strong leadership and good communication at all levels of implementation.

In our fight against HIV/AIDS, we should concentrate on combating stigmatization and discrimination, which rank among the greatest and most pervasive barriers to an effective response to the AIDS epidemic. In fact, stigmatization and discrimination increase people's vulnerability and, by isolating people and depriving them of treatment, care and support, worsen the impact of infection.

As a State Member of the United Nations, Iran endorsed the Declaration of Commitment in 2001. On that basis, it committed itself to develop universal access to HIV/AIDS prevention, care, treatment and support. In that connection, I would like to brief the Assembly on some of the activities undertaken in my country.

Pursuant to the 2001 Declaration of Commitment, as a step forward, between 2005 and 2007, the Government of the Islamic Republic of Iran increased its national budget for the prevention and control of HIV/AIDS by a factor of 2.3. Iran is among the countries following the "Three Ones" principle — one national HIV/AIDS strategic plan, one coordinating body as the HIV/AIDS national committee and one monitoring and evaluation body.

In order to achieve universal access to prevention, a multitude of efforts have been carried out, with major focus on harm-reduction services among injecting drug users. In comparing our experience to those of other countries facing an epidemic among the same group, we have discovered that our approach is effective. We are determined to expand the availability, affordability and acceptability of harm-reduction services.

Given cultural differences, implementing services among other population groups at high risk is much more difficult, but our country has started to offer affordable prevention and care services to other high-risk communities. That has included the establishment of drop-in coping centres for women at high risk. To increase the access of HIV-positive people to such centres, various information, education and communication programmes have been launched and publicized by the mass media.

Non-governmental organizations (NGOs) and people living with HIV/AIDS have been jointly involved in programmes aimed at reducing stigmatization among affected population groups, providing them with opportunities not to hide any longer.

With regard to increasing access to treatment and care, Iran is one of the few countries in the Eastern Mediterranean region that offers free antiretroviral medicines and other care services to HIV-positive patients. In early 2008, follow-up reporting in line with the 2001 special session of the General Assembly on HIV/AIDS revealed that 78 per cent of HIV-positive Iranians receiving antiretroviral medicines survived for an additional year.

Evidence has shown that prevention would work best in countries affected by concentrated epidemics. Unfortunately, HIV prevention continues to lag far behind. HIV prevention and control, and the need to place them at the top of the agenda of the programmes of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 2008 and beyond, are of the utmost importance.

It is undeniable that religious values and principles help countries to prevent wrong high-risk sexual behaviours and drug addiction. In that context, Islam has played a significant and determining role in saving societies, including our own, from the dangerous and wrong sexual behaviours that have led to devastating consequences in some parts of the world. In line with Islamic teachings, Muslim nations encourage their children to abide by the rules of ethics in their private lives and to strengthen the institution of the family by avoiding extramarital sexual relationships. In such countries, religious training and education for all, especially young adults, are an additional effective strategy that can be included in prevention programmes. We urge UNAIDS to further consider the positive potential of cultural and religious training in HIV prevention programmes.

Moreover, partnerships with non-health sectors could play a significant part in the success of any prevention and control programme. We call for a stronger partnership and commitment by legislative systems and authorities to set rules and regulations specifically for those people practising behaviours in conflict with the law.

Furthermore, I would like to emphasize the need for the establishment of an effective strategy aimed at further involving civil society and at close coordination and cooperation between Governments and non-governmental organizations in response to HIV/AIDS. That is in line with the recommendations contained in the report of the Commission on AIDS in Asia, presented to the Secretary-General in March 2008.

NGOs play an undeniable role in harm-reduction services and in serving underprivileged people in the marginalized populations through their advocacy of preventive behaviours, bridging the gap between service providers and those in need of services and protecting the rights of HIV-positive patients and those at risk, without any discrimination or stigma.

In conclusion, our fight against AIDS calls for global solidarity, political commitment and strong community involvement. We must win the battle. Defeating AIDS may be difficult, but it is certainly not impossible. In that context, nothing should affect the rights of people living with HIV/AIDS in any country to a better quality of life.

**The Acting President**: I now give the floor to the chairperson of the delegation of the Bolivarian Republic of Venezuela.

**Ms. Rodríguez de Ortiz** (Bolivarian Republic of Venezuela) (*spoke in Spanish*): The delegation of the Bolivarian Republic of Venezuela is delighted to take part in this current exhaustive review since it allows us, in a constructive spirit and out of a sense of social commitment, to refer to the achievements we have made as well as the challenges faced by our Government in seeking to meet the objectives set forth in the Declaration of Commitment on HIV/AIDS, supplemented by the Political Declaration on HIV/AIDS.

In Venezuela, we have embarked upon the fight against HIV/AIDS in the context of respect for human rights, specifically respect for social rights enshrined in the Constitution of the Bolivarian Republic of Venezuela. Respect for such rights is one of the parameters that guides and underpins the policy of social development that is currently being pursued by the Government of President Hugo Chávez Frías and which is geared to eradicating poverty and to guaranteeing a worthy status of living for our people in the context of the building of a humanist development model predicated on the principles of social justice, fairness, solidarity and social inclusion.

It is precisely in the field of health that the Venezuelan Government has had its greatest successes in the fight against poverty. That has been possible thanks to a network of social and economic programmes on a mass scale, which we call "social missions", which are geared essentially to paying the social debt of the Venezuelan State to people who have been victims of social exclusion. Specifically through the four phases of the Misión Barrio Adentro, we seek to guarantee the right to health of Venezuelan men and women.

To date, the Bolivarian Republic of Venezuela has achieved several of the Millennium Development Goals, specifically in the field of education, health and

poverty, which undoubtedly have a positive impact on the progress we are making in the fight against HIV/AIDS.

Combating HIV/AIDS in Venezuela fits within our strategy of poverty eradication and also responds to the objective of guaranteeing the right to health of Venezuelan men and women. At the same time, the fight against HIV/AIDS at the national level fits within the context of complying with a commitment entered into by our Government when it signed onto the 2001 Declaration of Commitment on HIV/AIDS, a commitment that was subsequently reiterated in the Political Declaration on HIV/AIDS of 2006.

In Venezuela, HIV/AIDS has been declared a priority public health issue. While in our country the epidemic is concentrated in certain areas, the national Government has spared no effort in developing the broadest and most effective strategy possible in order to stop and reverse the spread of the epidemic. Accordingly, that issue is covered in the nation's general development plan, through the National Programme on AIDS and Sexually Transmitted Diseases, under the aegis of the Ministry of the People's Power for Health, which enjoys support from other national bodies and the participation of civil society through grass-roots organizations.

The National AIDS Programme was started in 1999 and is being carried out through four components: education-prevention, management, care and epidemiological monitoring. In the field of prevention, the Programme is developing a strategy for information, education and communication geared to the population at large, young people and pregnant women. The strategy includes a campaign through the mass media at the national level, a programme for free distribution of condoms, training of health personnel in public institutions, mandatory HIV screening among all pregnant women in public institutions, the celebration of a National School AIDS Prevention Day and the implementation of prevention and human rights promotion projects jointly created with civil society organizations and grass-roots bodies, just to name a few.

With regard to care, the epidemiological monitoring system reported at the end of 2007 a total of 65,462 individuals living with AIDS nationwide. Of that total, the epidemic is concentrated among groups of men that have sexual relations with other men, young people under the age of 25 and women, and specifically, sex workers, given their high risk of exposure. These data indicate that in 90 per cent of cases, sexual intercourse is the main form of transmission.

For the year 2006, we reported 310 HIV-positive pregnant women, a figure that for 2007 dropped to 294. To reduce the number of mother-to-child transmissions, the Venezuelan Government is providing all pregnant women who have HIV/AIDS with highly effective antiretroviral treatment for the benefit of the mother and the newborn, as well as a year's supply of milk formula, in order to avoid possible transmission through breastfeeding.

The Venezuelan Government guarantees universal and free access to antiretroviral treatment on the basis of care, comprehensive support and respect for the human rights of the individuals who are receiving it. Such access is possible thanks to a comprehensive medicines policy that is currently being carried out in Venezuela in the context of the Safe Health Project, with the purpose of guaranteeing the right to health through the provision of free antiretroviral drugs to the population. The Project has been possible thanks to the implementation of a procurement programme for good quality generic medicines.

Likewise, the legal system of our country prohibits discrimination against individuals infected with HIV/AIDS and in this regard the competent State bodies in this field are making their best efforts to guarantee compliance with the right to non-discrimination.

To conclude, as has been pointed out by the Secretary-General in his report on the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS (A/62/780), political will is essential if we are to stop the spread of HIV/AIDS and reverse its adverse effects, and that is the main concern of the Government of President Hugo Chávez in that context. Therefore, today more than ever, we must endeavour to achieve the goal of universal access to treatment. To that end, our delegation appeals to all States to contribute resolutely and supportively to achieving this goal through international cooperation and in developing flexibility in the prices for patented drugs.

**The Acting President**: I now give the floor to the chairman of the delegation of Montenegro.

**Mr. Kaludjerović** (Montenegro): We are two years away from the target date set for achieving universal access to HIV prevention, treatment, care and support, and halfway to the target date set for achieving the Millennium Development Goals. United Nations, international and national initiatives — most notably the Joint United Nations Programme on HIV/AIDS, the Global Fund to fight AIDS, Tuberculosis and Malaria, and the United States President's Emergency Plan for AIDS Relief — have significantly contributed to international efforts in addressing the crisis. Even though the progress reported has been considerable in almost all regions of the world, it has also been uneven.

With extremely high infection rates in some parts of the world and high death rates once AIDS has developed, the pandemic is truly a global threat to health, development, quality of life, security and stability. Clearly, the progress in combating HIV/AIDS represents a prerequisite for reaching universal development targets. Unfortunately, the expansion rate of the epidemic is outstripping our abilities to respond with the necessary access to essential services. HIV/AIDS is undermining the important achievements made so far in eradicating extreme poverty and hunger, promoting gender equality and the empowerment of women, reducing child mortality and so on. We have a moral responsibility therefore to reaffirm the commitments made in 2001 and 2006 and to work on further scaling up the efforts to reverse the HIV epidemic.

Even though the HIV/AIDS epidemic is worse in sub-Saharan Africa, Eastern European countries are witnessing alarming yearly increases in infection rates — a twenty-fold increase in less than a decade. It might not affect every country equally, but it affects the whole region. Therefore, it is a problem that the whole region must address together.

Montenegro is a low-prevalence country with an estimated HIV prevalence of 0.01 per cent. However, experts estimate that the actual incidence of HIV/AIDS may be 6 to 11 times higher than the current figure indicates. The cumulative number of people registered with HIV since 1989 is 71, out of whom 40 have developed AIDS and 26 have died.

My Government is strongly committed to combating HIV/AIDS on the country level. A national coordination body was formed to ensure a common direction in partnership and establish an appropriate response in tackling complex medical, social, legal and human rights issues raised by HIV/AIDS. That body consists of 15 members, including representatives of various ministries and of non-governmental organizations and people living with HIV/AIDS.

The national HIV/AIDS strategy for Montenegro, which is partially financed by the Global Fund, is a five-year framework for the development, implementation, monitoring and evaluation of HIV/AIDS-focused programming. To improve the harmonization and alignment of international development aid with the country-owned strategy, the "Three Ones" are being implemented. Montenegro has one national strategy, one national coordination body and one system for monitoring and evaluating the national HIV/AIDS programme.

During the first two and a half years of implementation of the national strategy, Montenegro has made significant progress in establishing a normative framework for HIV prevention and treatment and in procuring essential equipment and commodities. The strategy requires the reporting of principal achievements in all required areas, such as the prevention of mother-to-child transmission of HIV, safe blood, sexually transmitted infections, treatment protocols, universal precautions, voluntary counselling and testing, and youth-friendly facilities.

Moreover, in preventing the spread of HIV/AIDS among populations considered most at risk, Montenegro has implemented various initiatives, including needle exchange programmes in public health centres, the extensive training of outreach workers to work with vulnerable populations, and the dissemination of information on HIV and sexually transmitted infection prevention in both Montenegrin and minority languages in order to raise public, especially youth, awareness.

Nevertheless, there is still a lot to be done. Like other countries undergoing a transition, Montenegro is looking into ways to increase its efforts to respond to remaining major challenges, such as stigmatization and discrimination, as well as the lack of necessary research, data, technical expertise, human resources within the Government, sustainable and long-term financing and the more active involvement of the private sector.

HIV/AIDS clearly represents both an immediate and long-term crisis for the international community that simply cannot be addressed by a traditional State-centric approach. The consequences of HIV/AIDS for the proper functioning of a State and for the general quality of life of its citizens, especially in countries where the disease has risen to epidemic proportions are devastating since the disease affects all levels of development and security, be they international, regional, national or personal.

Success is possible only if there is global solidarity to create strong leadership and commitment, increased international coordination and cooperation to build on existing efforts and to avoid overlapping, as well as sustainable long-term strategies and funding and the participation of all relevant stakeholders. It is imperative to note that success cannot be achieved without the crucial involvement of the United Nations agencies and programmes that already play a significant role in leading the international response.

**The Acting President**: I now give the floor to the chairman of the delegation of Liechtenstein.

**Mr. Wenaweser** (Liechtenstein): For more than 25 years, HIV/AIDS has caused immense human suffering throughout the world and has had devastating consequences for development. In 2001, we equipped ourselves with an effective tool to combat the AIDS pandemic both nationally and in our multilateral efforts. The greatest asset of the Declaration of Commitment on HIV/AIDS is its comprehensive approach. We recognized at the time of its adoption that HIV/AIDS is a complex phenomenon and that we need to address all its aspects in order to be successful. Seven years later and two years after its first review, it is clear that the Declaration has had a galvanizing effect and shaped the international response to HIV/AIDS.

The United Nations HIV/AIDS response is one area where its action has proven to be most effective and indeed indispensable. Our success in coping with the pandemic will have a strong impact on our progress in achieving the Millennium Development Goals (MDGs), in particular, of course, MDG 6. The accomplishments made in containing the pandemic are encouraging. Nevertheless, the rate of progress in expanding access to essential services does not keep up with the expansion of the pandemic itself. We must therefore not relent in our efforts and place even stronger emphasis on the area of prevention.

One of the central tenets of the Declaration is its focus on leadership. The experience gained over the past years makes it clear that leadership is indeed an indispensable element of our response. We will need more of it at all levels, particularly in the area of universal access to prevention, treatment, care and support. Furthermore, an effective response to HIV/AIDS must be driven by strong and sustainable financing mechanisms. Liechtenstein has taken that responsibility seriously and, over the past years, has continuously increased the resources invested for that purpose, both domestically and at the international level.

Within the United Nations family, in addition to our participation in the financing of the Global Fund, we are currently contributing to programmes run by UNICEF and the Joint United Nations Programme on HIV/AIDS. We have also made special efforts to increase aid effectiveness, including through the pooling of funds with other States. We are committed to continuing our financial contribution in the future.

Our strategies for fighting HIV/AIDS need to go far beyond the launching of information campaigns and providing antiretroviral drugs. Most important, our response must be rights-based. That is true in particular with respect to discrimination against people living with HIV/AIDS and to gender inequalities that exacerbate the risk of new infections. The Declaration does address the special needs and vulnerability of women, in particular through their empowerment in matters relating to reproductive health. However, the increasing feminization of the pandemic illustrates the need for stronger implementation at the national level. The empowerment of women — as well as the promotion of the human rights of key populations, such as sex workers, men who have sex with men, and people who use drugs — are key elements in our further efforts to achieve universal access to prevention, treatment, care and support by 2010.

Children and young people are still among the most vulnerable groups affected by the pandemic. Inadequate access to education, in particular to information on sexual and reproductive health, continues to fuel the transmission of HIV and escalates its impact. Prevention will be successful only if we improve the knowledge of children and young people

about HIV/AIDS and the risk of infection. Innovative communication strategies that capture the attention of young people should be explored. The ultimate goal must be to spread life-saving information faster and wider than any virus ever could.

The fact that 147 Member States have submitted reports on their national progress in response to HIV/AIDS, coupled with the extraordinary level of attendance at this review meeting, demonstrates the world's concern as well as our determination to cooperate in tackling the pandemic. Let us seize this critical opportunity to fulfil the commitment we entered into in 2001 and to continue to develop more innovative ways of working together.

**The Acting President**: I now give the floor to the chairperson of the delegation of Bhutan.

**Mr. Penjo** (Bhutan): Heeding your call, Sir, I will be very brief.

I would like to express my delegation's appreciation to the President for the holding of this important and timely high-level meeting on a comprehensive review of the progress achieved in implementing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration. I would also like to thank the Secretary-General for his comprehensive update report (A/62/780). In the light of the midterm review of the achievement of the Millennium Development Goals (MDGs), this high-level meeting is an opportunity for international solidarity, and to commit fully and unequivocally to the intensification of the essential interventions required to address the threat of HIV/AIDS.

The commitments made in 2001 and 2006 were a clear and ready recognition that the AIDS epidemic was a global emergency and one of the most formidable challenges to human life and dignity. Yet, the number of HIV infections keeps rising and has caused devastation to the lives of millions around the world.

As made clear in the Secretary-General's report, progress in response to HIV/AIDS has been uneven and the epidemic is most acutely felt by the most vulnerable sections of society. Also, any progress towards achieving the 2010 target for universal access and the MDG target of halting or reversing the spread of the disease by 2015 will fall short if we do not make progress in reducing poverty and hunger and in ensuring universal primary education.

Furthermore, cost barriers hinder access to first- and second-line antiretroviral drugs. Patent barriers continue to be the major obstacle to the provision of treatment to those requiring it. In order to overcome the expansion of the epidemic, we must recommit ourselves to take concrete actions that ensure universal access to HIV prevention, treatment, care and support for those who need them most. Specifically, ensuring universal access to affordable or free treatment and care must be made a top priority.

Bhutan drew up its strategic plan in 1989, about four years before the first case was detected in the country, as a cautionary measure in terms of prevention, capacity-building, establishing testing facilities and case detection. The royal decree on HIV/AIDS issued on 24 May 2004 by His Majesty the Fourth King reflects the deep concern over the threat of HIV/AIDS. The Royal Government of Bhutan has accorded high priority to addressing that issue. The response to HIV/AIDS in Bhutan has also been guided by the principles of gross national happiness, which is our development philosophy.

The first case of HIV/AIDS in Bhutan was detected in 1993. One hundred and forty-four people have become infected since then — with both sexes being almost equally affected — and 25 deaths have been reported among them. Almost 60 per cent of Bhutan's population is below 25 years of age. As shown by global and local experience, they are the most vulnerable to HIV/AIDS. It is possible that increasing globalization, together with Bhutan's growing unemployment and rural-to-urban migration, may significantly increase high-risk behaviours among our young people.

The absolute number of detected cases in Bhutan remains low. Given our small population and the exponential rate of increase of the disease, however, the HIV/AIDS epidemic poses a critical development challenge for our nation. The potential for a widespread epidemic remains a real threat. Experience from countries around the world shows the devastating social and economic impact of the HIV/AIDS epidemic.

Bhutan is now considering ways to contain the spread of a full-blown AIDS epidemic. The new Government has endorsed a national strategic plan for

the prevention and control of sexually transmitted infections and HIV/AIDS. In order to maintain our low HIV-prevalence status, one of our greatest priorities is to intensify preventive measures and interventions among vulnerable populations. Some of the major activities under the strategic plan to stem the spread of HIV/AIDS include promoting greater public awareness of the disease, establishing surveillance systems, the mandatory screening of blood donors, the training of health workers, decentralizing HIV/AIDS activities and ensuring 100 per cent access to antiretroviral therapy. The focus will be on young people, sex workers, substance abusers and mobile and migrant populations. Some of the strategies include providing youth-friendly reproductive health and counselling services and incorporating reproductive health and life skills education, including negotiation skills on condom use, in schools and institutes.

The scarcity of resources is a critical constraint for the full implementation of the national strategic plan for the prevention and control of sexually transmitted infections and HIV/AIDS. With only two years remaining until the target date for achieving universal access to HIV prevention, treatment, care and support, the resources mobilized thus far for our interventions have been encouraging. However, the gap between available resources and actual needs is still wide, and unless greater advances are made in reaching those most in need of essential services, the burden on our fragile demography will continue to increase.

Any funding shortages in Bhutan's HIV/AIDS programme may result in a gap in the implementation of STI and HIV prevention programmes. We thank our development partners for their invaluable support and look forward to their continued financial and technical assistance. With the much needed and timely support, Bhutan is confident that it will successfully implement the interventions identified in its national plans, and improve its capacity in preventing a full-blown pandemic that could devastate its small population. I would like to express Bhutan's support to the increased role of the United Nations in that endeavour.

**The Acting President**: I now give the floor to the chairman of the delegation of the Sudan.

**Mr. Mansur** (Sudan): First of all, allow me to extend my thanks and gratitude to the United Nations for convening this important high-level meeting to review the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS.

The delegation of the Republic of the Sudan would like to align itself with the statement made by the representative of the Republic of Egypt on behalf of the African Group, with the statement made by the representative of the Republic of Antigua and Barbuda on behalf of the Group of 77 and China, and with the statement made by the representative of Bangladesh on behalf of the group of least developed countries.

The Sudanese delegation appreciates and welcomes the comprehensive report of the Secretary-General on the progress made towards achieving the Declaration of Commitment, adopted at the General Assembly's 2001 special session (A/62/780). We equally welcome the success and achievement made as evidence of the remarkable increase in the number of beneficiaries of the prevention, care, treatment and support programmes.

HIV/AIDS is now seen as one of the emerging development problems in the Sudan. Recent data have shown a prevalence of 1.6 per cent among the general population and 2.6 per cent among the adult population. Displacement, civil strife, natural disasters and economic factors have collectively had an impact on the increase in the vulnerability of the Sudanese population to HIV/AIDS.

Based on its noble commitment to protect and serve its people, the Government of the Sudan has paid great attention to the HIV/AIDS issue and has developed a multisectoral strategic plan to control and halt the epidemic. The President of the Republic of the Sudan launched that strategy, demonstrating the highest political commitment to fight the devastating epidemic.

During the past two years, the national strategic plan has provided free voluntary counselling and testing, as well as free HIV/AIDS treatment in all parts of the Sudan. Sectors such as education, the uniformed services, social welfare, the media and others are actively engaged in activities to fight HIV/AIDS. In addition, the Government of the Sudan has prioritized efforts to work with those most at risk, such as prisoners, truck drivers and others.

With respect to young people and women, the Sudan recently formed a youth and women's coalition against HIV/AIDS under the auspices of the First Lady,

which was aimed at mobilizing women's sectors and organizations to fight the epidemic. Moreover, and for the first time, the education sector has incorporated HIV/AIDS life skills training in the school curricula to equip our young people with the necessary knowledge and skills to protect themselves from the HIV/AIDS infection.

The Government of the Sudan accords priority to the issues of people living with HIV/AIDS through the drafting of a special law and legal reforms to preserve the rights of people infected by the virus and to protect them against stigma and discrimination. The law is in the process of being ratified. As part of our belief in the role of people living with HIV/AIDS, we have formulated support groups in all the Sudan's States to provide social and economic support to those infected and affected by the epidemic. Recent years have also shown limitless efforts to secure decentralization of the response and human resources development at lower levels in order to ensure that the services are getting closer to the target communities.

Coordinated global support from the Joint United Nations Programme on HIV/AIDS, other United Nations agencies and the Global Fund to Fight AIDS, Tuberculosis and Malaria played a vital role in accelerating the national response. While appreciating that invaluable and vital support, we look forward to further collaboration to address the challenges and needs ahead, such as the provision of technical assistance, human resource development and the strengthening of the health system to ensure the achievement of the Millennium Development Goals (MDGs) and universal access to prevention, care, treatment and support services.

I conclude by renewing the commitment of the Government of the Sudan to all the declarations and recommendations of the United Nations, as well as our commitment to the MDGs and the universal access initiative, including working with those most at risk and ensuring the availability, accessibility and affordability of HIV/AIDS services to all. In the same vein, we look forward to a greater role for the United Nations in supporting international and regional initiatives that aim to achieve progress in the fight against HIV/AIDS and support to people living with HIV/AIDS.

**The Acting President**: I now call on the chairman of the delegation of Myanmar.

**Mr. Swe** (Myanmar): The convening of this high-level meeting is a timely and a welcome opportunity. It enables the international community not only to review the progress that has been made, but also to address the remaining challenges we need to tackle.

My delegation would like to associate itself with the statement made by the Minister of Health of Antigua and Barbuda on behalf of the Group of 77 and China.

The HIV/AIDS pandemic affects not only individuals, but also has a huge impact on the implementation of the most important global development agenda, the Millennium Development Goals. Therefore, in 2006, Member States reiterated the time-bound targets agreed on in 2001 and agreed to accelerate the national HIV responses by moving towards universal access to HIV prevention, treatment, care and support by 2010. There has, indeed, been an unprecedented investment made during the present decade in responding to this pandemic. However, as the Secretary-General's report (A/62/780) pointed out, the progress is uneven and is not able to keep pace with the expansion of the pandemic itself. While an additional 1 million people started to receive antiretroviral treatment in 2007, 2.5 million people were newly infected.

We must build upon what has been achieved. Much more needs to be done both nationally and internationally. National efforts must be supplemented by increased international cooperation.

Allow me in that regard to apprise the Assembly of my country's endeavours to further scale up our national responses. In 1999, two years before the 2001 Declaration of Commitment, we set up the highest pol' ymaking multisectoral body, the National Health Committee, chaired by Secretary 1 of the State Peace and Development Council, and the National AIDS Committee, chaired by the Minister of Health, to implement the policy guidelines and to fight AIDS as a disease of national concern.

In line with a comprehensive approach to the "Three Ones" principle, with the involvement of all our partners, Myanmar has developed and approved a multisectoral broad-based national strategic plan covering the period 2006 to 2010. The focal point for the implementation of the national strategic plan is our national AIDS programme, which includes 10 strategic components.

The national AIDS programme is designed to reduce and prevent the transmission of HIV/AIDS through access to behaviour change communication, the adoption of a healthy lifestyle and enhancing the quality of life of people living with HIV/AIDS through treatment, care and support. The activities with the highest priority include prevention efforts aimed at high-risk populations — namely, sex workers, men who have sex with men and injecting drug users — and providing antiretroviral treatment for those who need it.

HIV/AIDS in Myanmar is mainly transmitted sexually. As an important prevention measure, therefore, we are scaling up our efforts to implement our 100 per cent targeted condom promotion programme. Our programme to prevent mother-to-child transmission of HIV, which was established in 2001, is being implemented as both a community-based and an institutional prevention programme. Access to treatment, care and support has been scaled up, and a country-focused approach is being followed in increasing access to antiretroviral therapy. Although we are able to provide such treatment to 11,000 AIDS patients in 2007, there is still a wide gap between need and availability. The number of persons requiring antiretroviral treatment is estimated at 75,000. We have also adopted an integrated management approach to adult illness. A tuberculosis-HIV/AIDS programme has been implemented in Myanmar since 2005.

Through those efforts, we have not only been able to stabilize the rate of infection; we have also been able to make significant strides in reversing the HIV/AIDS epidemic. Based on the HIV estimation and impact analysis workshop conducted in August 2007, and using the latest methodology developed by the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) in Geneva, the adult prevalence of HIV in Myanmar, which peaked in 2000 at 0.94 per cent, had declined to 0.67 per cent by 2007.

United Nations agencies and international and national non-governmental organizations — in particular UNAIDS, UNICEF, the United Nations Population Fund and WHO — have been indispensable partners in our national efforts to combat HIV/AIDS. We would especially like to thank donors to the Global Fund to Fight AIDS, Tuberculosis and Malaria for providing critical support.

One of the key recommendations of the Secretary-General's report pertains to the need to sustain the response to HIV by planning for the long term. Financing is one of the most important factors in that regard. Per capita domestic spending on HIV/AIDS in low-income and lower-middle-income countries more than doubled between 2005 and 2007. A commensurate response by the international community, through funding for HIV-related activities, would contribute greatly to meeting the commitment to provide universal access to HIV prevention, treatment, care and support by 2010.

**The Acting President**: I now give the floor to the chairperson of the delegation of Solomon Islands.

**Mr. Beck** (Solomon Islands): I would very much like to thank the President for convening this important meeting to review the implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration.

My delegation would like to begin by aligning itself with the statements made by the representative of Antigua and Barbuda on behalf of the Group of 77 and China; the representative of the Marshall Islands on behalf of small island developing States of the Pacific; and the representative of Bangladesh on behalf of the least developed countries.

We are now 26 years into the HIV/AIDS pandemic, and two years have elapsed since the adoption of the Declaration to scale up universal access to HIV/AIDS prevention, treatment, care and support by 2010. Solomon Islands would like to take this opportunity to thank the Secretary-General for his comprehensive report (A/62/780) on the progress made thus far.

In listening to the statements made by those who have spoken before me, it is evident that results have been mixed. The States of the northern hemisphere, including a number of middle-income and a select few developing States, have successfully provided widespread coverage to all infected people; unfortunately, the same cannot be said for many others. The HIV pandemic continues to expand in many States. We have not been able to keep up with its spread — especially among the poor, who continue to die awaiting treatment. We have arrived at a situation in which the rich live and the poor die.

The year 2010 is just around the corner. Solomon Islands is now showing signs and trends of the spread of HIV/AIDS, which has all the hallmarks of a bubble about to burst. The increasing number of teenage pregnancies and the transmission of sexually transmitted diseases among our young people are frightening. Socially active young people in Solomon Islands make up more than half of our national population. Globally speaking, the number of HIV-infected people in the Pacific is small, but if one examines the figure in proportion to the population, it is worrying.

On such issues, the multilateral system continues to act like a fireman intent on putting out bigger fires while ignoring smaller ones. That has allowed global threats to fester and grow in some quarters, creating weak links in our global fight against HIV/AIDS. We must change the culture and approach of responding only to threats that have reached crisis levels. Rather, we must have a multilateral system that treats all problems, both big and small, with equal attention. It makes good economic sense to invest in all problems, including small ones.

What I have just referred to speaks to the unique and special challenges of small island developing States, which are not always taken into account or appreciated in many of the global strategies and declarations. The scattered nature of our islands — in the case of Solomon Islands, more than a 1,000 islands stretching for more than 1,800 kilometres, all existing as small communities — makes the efficient delivery of health care, services and education a challenge. As alluded to in the Secretary-General's report (A/62/780), many of the world's young people do not have accurate knowledge about HIV/AIDS. As has been stated in other forums, it is never too late to educate our young people, but it is already too late to see them engage in high-risk activities.

On the issue of treatment, as stated in the report, coverage in low-income countries remains modest. New and additional resources are needed to make progress in this area. Solomon Islands has one of the world's highest incidence rates of malaria, which remains the country's number one killer.

Access to affordable treatment and the sustainability of national health programmes are crucial if we are to be able to successfully translate commitments into action. Let us look at cheaper alternatives for providing a holistic approach to treatment and making it more affordable and available to all. In that connection, Solomon Islands associates itself with the argument put forward by the G-77 to utilize trade-related aspects of intellectual property rights in order to move ahead in bringing flexibility to support efforts aimed at making antiretroviral treatment available to all four corners of the world. Testing and treatment must be viewed as being two sides of the same coin. The reluctance of many to be tested is due to the non-availability of treatment. The low levels of testing in developing countries therefore do not allow us to know the real status of the HIV/AIDS pandemic.

Strategy must be matched with resources. In the case of Solomon Islands, while spending on the health and education sectors accounts for a large portion of the national budget, those allocations are insufficient. International support is therefore required. A concerted global effort is essential to correct the imbalance within the international system and establish a fairer and just trading system. We must recognize the limitations of the market and do more for those on the periphery of the international system, in particular the more than 80 per cent of Solomon Islands' population that lives in rural communities. Whatever the strategy adopted, it has to be people-centred, rural-focused and community-based.

In conclusion, we must all value life to its fullest and cooperate with a sense of urgency, in the true sense of the word cooperation, to bring hope to those who are already staring death in the face. My delegation believes that there are sufficient resources available to breathe life into commitments that have a human face.

Before leaving this rostrum, I should like to make a friendly proposal to the organizers of this high-level meeting, the President's Office and the Secretariat to allocate sufficient time to discuss such important issues. If that needs an additional day, we should allocate an additional day. Making this statement with over three quarters of the delegations absent from this Hall is very sad. We speak of commitment, yet we do not match that with our action.

**The Acting President**: I now give the floor to the chairman of the delegation of Malaysia.

**Mr. Lee** (Malaysia): I wish to take this opportunity to congratulate the President on convening this high-level meeting to allow us to reflect on and

assess our implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration. It is indeed timely that we gather now, two years before the target date for achieving universal access to comprehensive prevention programmes, treatment, care and support for people living with HIV/AIDS, and at the midway point towards Millennium Development Goal 6, which is to halt and reverse the spread of HIV/AIDS by 2015.

As stated in the report of the Secretary-General, at the international level global progress in halting and reversing the epidemic is uneven, and the spread of the disease is outstripping the pace at which new services are brought to scale. That should remain of concern to all countries. We also wish to express our disappointment at the existing barriers preventing the majority of HIV-infected individuals from obtaining equitable and affordable life-prolonging drugs. Access to those drugs should not be restricted by trade- and patent-related issues. The Global Fund to Fight AIDS, Tuberculosis and Malaria remains drastically underfunded, and we call for continuing support from the developed countries to contribute to the Fund as our efforts to fight HIV/AIDS cannot be made in isolation, but must be undertaken in the broader scope of addressing the causes contributing to the epidemic.

In Malaysia, various screening programmes have been developed, and since 2006 more than a million individuals have been screened annually. The increasing trend in the number of individuals screened shows that Malaysia has been experiencing a consistently decreasing trend in the reported number of HIV cases since 2003. In 2007, 4,549 HIV-positive cases were detected in Malaysia, with much of the HIV transmission continuing to be mainly among injecting drug users. With regard to gender, young males still comprise the majority of reported cases, though the proportion of women detected with HIV is currently showing an increasing trend.

The Government of Malaysia has developed a national strategic plan to respond to HIV/AIDS that provides a framework for our response over the five-year period 2006-2010. The strategic plan represents the Government's continued political and financial support to address the issue effectively and is a strong foundation for coordinating the work of all partners in health and for working together with civil society to reduce the impact of the epidemic in the country. The Government has significantly increased its budget allocation in responding to the epidemic, with a threefold increase from $10 million per annum prior to 2006 to $30 million per annum up to 2010.

The Government's commitment to the harm-reduction approach is well observed through its allocation for these programmes of 300 million Malaysian ringgit, equivalent to $90 million, which represents 60 per cent of the overall budget made available to the HIV/AIDS response. To reduce vulnerability among injecting drug users and their partners, harm-reduction initiatives, comprising drug substitution therapy, a needle syringe exchange programme and increased condom use, are being implemented.

In 2006, the Government decided to scale up the drug substitution programme — a methadone maintenance therapy — with the aim of reaching out to at least 25,000 opiate-dependent injecting drug users by 2011. As of December 2007, a total of 73 therapy service outlets had been established at Government hospitals and health clinics, including private practices. In 2007, Malaysia witnessed another milestone in the country's drug substitution programme, whereby the Government approved the provision of methadone maintenance therapy in closed and incarcerated settings, specifically in prisons.

Malaysia's needle syringe exchange programme, initiated in 2006, began with only three drop-in centres managed by community-based organizations through Government grants. In 2007, the programme was further developed and expanded, with a total of 75 service outlets established, all of which were managed by community-based organizations. Realizing the need to increase coverage of the needle syringe exchange programme nationwide and to ensure access to those in need, 2008 saw the participation of Government health clinics in the programme.

Despite the country's achievement in its implementation of the harm-reduction approach, reaching out to the other marginalized and most-at-risk populations — men who have sex with men, sex workers and transgenders — remains a significant and formidable challenge for Malaysia. Realizing the fact that reducing HIV vulnerability among those groups is pivotal to halting the spread of HIV within the country, the Government has been working closely and in partnership with community-based and non-governmental organizations to ensure that those marginalized

communities have access to HIV/AIDS-related information, condoms, voluntary counselling and testing. Increasing the coverage and quality of outreach programmes conducted by community-based organizations has also been made a priority.

With regard to young people, the Government of Malaysia continues to conduct a healthy-lifestyle campaign, which involves the promotion of good moral values and healthy-lifestyle practices, early detection, effective counselling, as well as mobilizing community support and participation. HIV education has been incorporated into various existing programmes, such as school health programmes and healthy-lifestyle campaigns. Since September 2007, HIV/AIDS lectures aimed at inculcating awareness and behavioural change have been integrated for the first time into the syllabus of the annual national service exercise, which involves almost 100,000 young people nationwide.

The provision of and access to antiretroviral treatment is an essential component of all national responses to HIV/AIDS. Access to cheaper drugs has made a major contribution towards enabling countries such as Malaysia to expand their treatment options and capabilities. The cost reduction has also allowed for a wider range of antiretroviral drugs to be subsidized by the Government, making it possible to provide first-line treatment that is accessible to all patients at no charge at government hospitals and clinics. A recent development in Malaysia with regard to improving access to HIV treatment has been the provision of antiretroviral treatment to those living with HIV in prisons and drug rehabilitation centres.

We are continuously challenged by the complexity of responding to the AIDS epidemic, both globally and in our respective countries. There are many challenges still before us and we must focus our energies on more action and more leadership-building. Therefore, the Government of Malaysia reaffirms its pledge to work towards realizing the Declaration of Commitment of HIV/AIDS and continue its concerted efforts towards reducing the impact of HIV/AIDS and containing the spread of the epidemic.

**The Acting President**: I now give the floor to the chairman of the delegation of Nicaragua.

**Mr. Hermida Castillo** (Nicaragua) (*spoke in Spanish*): My delegation endorses the statements made by the representative of Mexico on behalf of the Rio Group and by the representative of Antigua and Barbuda on behalf of the G-77 and China.

We wish to thank the Secretary-General for the report that he has submitted, which provides a general overview of the current situation and calls on us to reflect on those aspects that require greater resolve on our part as Member States, as well as on the part of all the major players in the international community, if we are to address a scourge that has caused the deaths of over 25 million people since the epidemic broke out.

While it is true that this is an opportunity to celebrate some of the progress that has been made in the fight against HIV/AIDS, we cannot ignore the fact that the progress has been unequal and that greater efforts are therefore required to meet the challenges that we still face. Social injustice and poverty, which have been unleashed by the neo-liberal economic model, have facilitated the rapid spread of the disease and many others, such as starvation, which has become an epidemic that kills thousands of children around the world on a daily basis.

We are faced with a global challenge and if we are to make tangible progress we must address the problem from a broader perspective, clearly establishing that there is a close link between sustainable development, health and education, as well as a need to take a multidisciplinary, intersectoral and intercultural approach with a gender- and human rights-based perspective.

The fight against HIV/AIDS goes well beyond the field of health, so it should be addressed comprehensively as a problem of development with grave social and economic impact. We cannot talk about prevention if the population does not have access to education and health. We cannot talk about adequate treatment of the illness if individuals do not have the resources to feed themselves.

The fight against HIV/AIDS is contained in one of the Millennium Development Goals (MDGs). As the report of the Secretary-General rightly states, that issue has an impact on the achievement of other objectives, such as the right to development, gender equality and the empowerment of women, the reduction of child mortality and maternal health. The magnitude of the impact of AIDS on the individual, family, economic and social levels demonstrates that the impact of AIDS thwarts human development both in countries with widespread epidemics and in those with concentrated

epidemics and of low prevalence, acting as a devastating phenomenon affecting individuals, families and countries, impairing social progress, hampering economic growth, reducing life expectancy, exacerbating poverty and aggravating the food shortage.

Seven years ago, in the Declaration of Commitment on HIV/AIDS, we recognized that prevention should be the basis for our action. Nonetheless, to date, it remains urgent for us to make greater efforts in that field. The data from 2007 highlight the fact that new HIV infections occurred at a rate 2.5 times higher than the increase in the number of individuals receiving antiretroviral treatment. Only through an aggressive prevention strategy can we reverse the trend of those statistics.

As regards universal access to prevention, treatment, care and support, we still face many challenges. We must recognize the need to continue promoting provisions of commercial agreements to extend access to medicines and technologies related to HIV/AIDS in our countries, as well as a reduction in the prices of antiretroviral drugs.

Likewise, we appeal to the international community, as acknowledged in the Political Declaration on HIV/AIDS of 2006, to ensure that the World Trade Organization's intellectual property rights with respect to trade do not hamper the adoption of immediate and future steps in support of the public health of our countries.

The other major task we face is the fight against stigmatization and discrimination, which are phenomena that hamper the effectiveness of our responses to the epidemic. We must also fight cultural expressions that take the form of sexist or macho attitudes that do not encourage individuals to undergo HIV/AIDS testing. Such attitudes hamper the use of condoms among men and women alike. They block access for women living with HIV/AIDS to HIV transmission prevention services for their children and prevent vulnerable populations and those most at risk from receiving the care and support that they need.

In our national capacity, we have made major progress that place Nicaragua on the list of countries with the technical and legal tools to guarantee the protection and promotion of human rights, universal access and implementation of strategies to contain the epidemic. Through the enactment of Law 238 — a law for the promotion, protection and defence of human rights in the face of AIDS — we established the Nicaraguan AIDS Commission to provide guidance for the formulation of strategies and policies for HIV/AIDS prevention, support, care and control.

Likewise, in the period 2006-2007, a national policy for the prevention and control of sexually transmitted infections and HIV/AIDS entered into force, and a strategic plan for sexually transmitted infections and HIV/AIDS for the period 2006-2010 was implemented. The national policy and the plan are the expression and result of processes of debate and consensus among the principal actors involved. The main objective of the plan is to identify a timely and effective response to the epidemic and its effects with a multisectoral approach that will generate a commitment on the part of the State, civil society, individuals living with HIV/AIDS and communities, make the best use of national resources and international cooperation to pool efforts to fight against the epidemic in Nicaragua, notwithstanding the fact that our country is faced with an epidemic that is concentrated in certain areas.

In 2007, 2,924 individuals with HIV or AIDS were registered. We are aware of the fact that we must focus our attention on preventing the spread of the disease. With that in mind, our Government established a policy of free access to services for prevention, antiretroviral treatment and support related to HIV. As a result of those measures and initiatives, agreed upon with civil society and the cooperating community, the number of people living with HIV and having access to antiretroviral treatment has increased considerably, including through improved health care and social and food support, with coverage rising to some 66 per cent.

With regard to education, HIV/AIDS education is provided in 780 schools at the national level, and the issue is included in school curriculums, to the extent that we have reached 29,923 primary schoolchildren, 38,067 secondary schoolchildren, 1,790 primary and second schoolteachers and 2,189 parents to date. Moreover, efforts have been made to develop an eminently clinical approach to managing the family, community, educational and labour aspects of the disease, expanding social, economic and legal support. Civil society has played an important role in that endeavour, from defining policies and strategies to implementation in the field. We are working closely with HIV-infected individuals' organizations at the national and international levels.

International cooperation has substantially contributed to the response of our countries. However, we appeal to the donor community to ensure that funds are not made conditional and that they be tailored to the priorities that each Government develops on the basis of its national plans and strategies.

The delegation of Nicaragua will step up its plans in order to continue to fulfil the commitments entered into in 2001 and 2006. As a reflection of that desire, Nicaragua hosted the fifth Central American and Caribbean Congress on AIDS and the fifth Meeting of People Living with HIV/AIDS, from 4 to 9 November last year. Those events brought together more than 2,900 participants in our capital of Managua. We shall also continue to pursue national, regional and international initiatives leading to the adoption of concrete measures to combat HIV/AIDS. And we will continue to promote solidarity on this subject.

**The Acting President**: I now give the floor to the chairperson of the delegation of the Maldives.

**Mr. Khaleel** (Maldives): Unlike two decades ago, the HIV/AIDS epidemic today is not without solutions. Our collective response is slowly starting to make a difference. The remarkable leadership of the United Nations system, especially that of the Joint United Nations Programme on HIV/AIDS (UNAIDS), deserves our recognition and praise. On behalf of my Government, I would like to take this opportunity to express our gratitude to Secretary-General Ban Ki-moon and the Executive Director of UNAIDS and his able team for their dedication and hard work. However, the success we have achieved thus far is too insignificant in the face of this deadly epidemic. Much more needs to be done.

HIV/AIDS is still the number one health threat of our time. The stigmatization of and discrimination against people living with HIV/AIDS still remain as strong as ever. It is alarming that millions are still continuing to become infected, while millions more are dying due to the unavailability of medication and proper treatment. The targets that the General Assembly has set for achieving universal access to HIV treatment and prevention by 2010 cannot be met without increased funding and investment.

The Maldives, a remote small island developing country in the Indian Ocean with a tiny population of a little over 300,000 people, has also been affected by this epidemic. The Maldives has been fortunate to remain among the countries with a low prevalence of HIV and other sexually transmitted diseases. However, being situated in a region where HIV/AIDS is spreading at an alarmingly high rate, the threat that looms over us cannot be overemphasized. The high prevalence of drug use, especially intravenous drug use, and the increasing mobility of our people pose a serious threat that the disease will spread. Moreover, the growing number of foreign visitors to our country and the presence of a large expatriate workforce have also contributed to exposing our nationals to risk factors.

The first case of HIV/AIDS was detected in our country in 1991. To date, a total of 13 cases of HIV-positive persons has been confirmed; three of them are currently alive. Antiretroviral treatment is provided free of charge at the national level. My Government has taken several measures to prevent and control the spread of HIV/AIDS. Our national AIDS council and AIDS control programme were established in 1987, four years before the first case of AIDS was detected in the country.

The current national AIDS strategy plan, which is the national road map to combat the epidemic, is aimed at achieving the following seven strategic goals: first, to provide age- and gender-appropriate support services to key high-risk populations; secondly, to reduce and prevent vulnerability to HIV infection in adolescent and young people; thirdly, to provide HIV prevention services at the workplace for highly vulnerable workers; fourthly, to provide treatment, care and support services to people living with HIV; fifthly, to ensure safe practices in the health care system; sixthly, to build and strengthen capacity and commitment to lead, coordinate and strengthen a comprehensive response to the epidemic; and, finally, to strengthen the strategic information system to respond to the epidemic.

In addition, sentinel surveillance sites are being set up in which laboratory facilities are available. The distribution of condoms at all health facilities and pharmacy outlets is encouraged as a major preventive measure.

As a small island developing country with a fragmented geography, my country encounters many difficulties in carrying out effective surveillance programmes necessary to explore and understand social and behavioural changes in order to properly monitor the impact of the disease within communities. The lack of human resources needed for the effective implementation of those programmes is another

important obstacle we face. Expertise such as epidemiological skills and specialized counselling has to be made available through training in order to effectively implement national control activities.

Although the Maldives has already eradicated malaria and is on track to achieving Millennium Development Goal 6, we fully understand that the continuing global environmental degradation and climate change can exacerbate vulnerability to such infectious diseases as HIV/AIDS.

Before I conclude, let me reiterate my country's commitment to our common fight against that deadly epidemic. My delegation is confident that this high-level meeting of the General Assembly will prove to be yet another milestone in that fight. The control, treatment and prevention of HIV/AIDS are now accorded high priority in the development strategies of almost all countries. The ambitious course of action that we chartered in 2001 to halt and reverse the epidemic can only be successful if all the peoples of the world — regardless of their social, cultural, religious or political differences — are treated with respect, dignity and equality. The active and dedicated commitment of major stakeholders, including civil society and the private sector, are extremely vital in that regard.

My delegation fully concurs with the view expressed by the civil society representative at yesterday morning's panel discussion, namely, that universal access cannot be achieved without universal treatment. We hope that that will be one of the messages to emerge clearly from this high-level meeting.

**The Acting President**: I now give the floor to the chairman of the delegation of Suriname.

**Mr. Mac-Donald** (Suriname): Let me express the appreciation of the Republic of Suriname to the President of the General Assembly for convening this significant high-level meeting.

At the outset, the delegation of Suriname would like to align itself with the statements delivered by the representatives of Antigua and Barbuda and Saint Kitts and Nevis, speaking, respectively, on behalf of the Group of 77 and China and the Caribbean Community.

We feel obliged as well to thank the Secretary-General for providing us with a very informative report (A/62/780) on the progress achieved, which is primarily based on the great number of reports submitted by Member States on their national progress.

The first case of HIV in Suriname was recorded in 1983. The HIV infection rate currently stands at an estimated 1.9 per cent of the adult population. Although data shows that the HIV/AIDS pandemic in Suriname is generalized, sex workers and men who have sex with men have been identified as the populations most at risk. HIV and tuberculosis co-infection is increasingly an area of concern and interventions. In that regard, closer collaboration between the HIV and tuberculosis programmes has been identified as a priority area of action to be implemented shortly.

We share the view that prevention is the most effective way to combat the pandemic. In that regard, I would like to note that a programme was recently launched in Suriname whereby teens would inform their peers about the risks and dangers of HIV. It is believed that the so-called traditional way of adults providing information has not produced the expected results and that hearing the message from young persons could be more effective in inspiring behavioural change.

Suriname has experienced a decreasing trend in the number of new infections, as well as a decrease in HIV-related hospitalizations and AIDS mortality. However, AIDS remains the second-leading cause of death in the 25 to 49 age group.

We are aware that we cannot be complacent and that more needs to be done to stem the tide of this pandemic. Achieving the Millennium Development Goals, and in particular Goal 6, on reducing the burden of the epidemic, requires attention and strong sustained political commitment and leadership. If we are to fulfil the commitments made to ensuring universal access to HIV prevention, treatment, care and support, the international community should significantly scale up its resources and promote the availability of affordable drugs, especially for developing countries.

Suriname stands ready to play its role nationally and globally in the fight against this pandemic, which continues to deplete the productive capacity of our workforce, places a strain on social infrastructure and challenges the commitments made by Governments to meet their obligations with respect to social and economic development.

*The meeting rose at 9.15 p.m.*